ALLERGY ACTION PLAN

USE 1 FORM PER CHILD FOR EACH ALLERGEN

Student Photo

Student_____School_____.

DOB_____Age_____Weight_____Grade/Rm_____

Allergy to _____

START DATE:_____ **END DATE:**_____

Student has asthma.	❑ Yes	❑ No (If yes, higher chance of severe reaction)
Student has had anaphylaxis.	❑ Yes	❑ No
Student may carry epinephrine.	❑ Yes	❑ No (if yes, complete next page)
Student may give him/herself medicine.	❑ Yes	❑ No (If student refuses/is unable to self-treat, an adult must give medicine.)

IMPORTANT REMINDER

Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

For Severe Allergy and Anaphylaxis **What to look for** If child has ANY of these severe symptoms after eating the food or having a sting, **give epinephrine**. ☐ Shortness of breath, wheezing, or coughing ☐ Skin color is pale or has a bluish color ☐ Weak pulse ☐ Fainting or dizziness ☐ Tight or hoarse throat ☐ Trouble breathing or swallowing ☐ Swelling of lips or tongue that bother breathing ☐ Vomiting or diarrhea (if severe or combined with other symptoms) ☐ Many hives or redness over body ☐ Feeling of "doom," confusion, altered consciousness, or agitation ❑ ***SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s):_____. Even if child has MILD symptoms after a sting or eating these foods, give epinephrine.***	**Give epinephrine!** **What to do** 1. Inject epinephrine right away! Note time when epinephrine was given. 2. Call 911. ☐ Ask for ambulance with epinephrine. ☐ Tell rescue squad when epinephrine was given. 3. Stay with child and: ☐ Call parents and child's doctor. ☐ Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes. ☐ Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side. 4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine. ☐ Antihistamine ☐ Inhaler/bronchodilator
For Mild Allergic Reaction **What to look for** If child has had any mild symptoms, **monitor child.** Symptoms may include: ☐ Itchy nose, sneezing, itchy mouth ☐ A few hives ☐ Mild stomach nausea or discomfort	**Monitor child** **What to do** Stay with child and: ☐ Watch child closely. ☐ Give antihistamine (if prescribed). ☐ Call parents and child's doctor. ☐ If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis")

Medication/Doses

Epinephrine autoinjector, intramuscular (list type):_____Dose:❑ 0.15 mg ❑ 0.30 mg

Antihistamine, by mouth (type and dose): _____

Other (for example, inhaler/bronchodilator if student has asthma):_____

_____ _____ _____ _____

Parent/Guardian Authorization Signature **Date** **Physician/HCP Authorization Signature** **Date**

Emergency Contacts/Relationship Telephone number

1._____ _____

2._____ _____

3._____ _____