

# ALLERGY ACTION PLAN



Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

**ALLERGY TO:** \_\_\_\_\_

**Asthmatic:** Yes \* No  \*High risk for severe reaction

Does student have Epi Pen at school? Yes  No

**SIGNS OF AN ALLERGIC REACTION INCLUDE:**

- |                  |  |
|------------------|--|
| <b>Systems:</b>  | <b>Symptoms:</b>   |
| • <b>MOUTH</b>   | itching and swelling of the lips, tongue, or mouth                               |
| • <b>THROAT*</b> | itching and/or a sense of tightness in the throat, hoarseness, and hacking cough |
| • <b>SKIN</b>    | hives, itchy rash, and/or swelling about the face of extremities                 |
| • <b>GUT</b>     | nausea, abdominal cramps, vomiting, and/or diarrhea                              |
| • <b>LUNG*</b>   | shortness of breath, repetitive coughing, and/or wheezing                        |
| • <b>HEART*</b>  | “thready” pulse, “passing-out”   |

The severity of symptoms can quickly change.

**\*All above symptoms can potentially progress to a life-threatening situation!**

**ACTION: (To be completed by physician with parent)**

- If ingestion/exposure is suspected, give \_\_\_\_\_ medication/dose/route  
and \_\_\_\_\_
- CALL 911 (Specify “Use ALS guidelines”) \_\_\_\_\_
- CALL: Mother \_\_\_\_\_ Father \_\_\_\_\_ or emergency contacts
- CALL: Dr. \_\_\_\_\_ at \_\_\_\_\_

**DO NOT HESITATE TO ADMINISTER PRESCRIBED MEDICATION OR CALL RESCUE SQUAD EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED!**

**EpiPen/Inhaler:** The student is both capable and responsible for self-administration of the medication.  
 No  Yes (supervised)  Yes (unsupervised). Student may carry his/her inhaler/EpiPen  Yes  No.

\_\_\_\_\_, M.D. \_\_\_\_\_

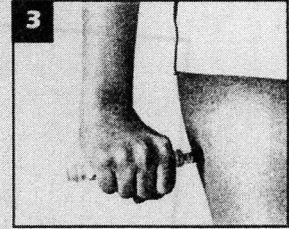
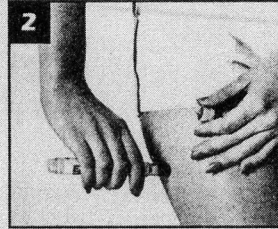
EMERGENCY CONTACTS	TRAINED STAFF MEMBERS
1. _____ Relation: _____ Phone: _____	1. (print) _____ Room _____ Signature _____
2. _____ Relation: _____ Phone: _____	2. (print) _____ Room _____ Signature _____
3. _____ Relation: _____ Phone: _____	3. (print) _____ Room _____ Signature _____
	School Nurse: _____

**For children with multiple allergies, use one form for each allergy.**

Does student have a special dietary needs form? Yes  No  (If yes, attach copy and forward original to cafeteria.)

## HOW TO USE THE EPIPEN® AUTO-INJECTOR... THREE SIMPLE STEPS

1. Pull off gray safety cap.
2. Place black tip on outer thigh.
3. Push EpiPen Auto-Injector against thigh until unit activates, and hold in place several seconds. Then discard unit.



Epinephrine is the drug of choice for treatment of anaphylaxis and temporary relief of severe symptoms related to an accidental injection. Epinephrine inhibits release of histamine and antagonizes the effects of histamine and other mediators on end organs. As a result, epinephrine relieves bronchospasm, and reduces congestion and swelling in the lung.

Epinephrine is available by prescription only, and is available in two kits:

EpiPen® or EpiPen® Jr. The medication is contained in the auto injector which contains one dose. The EpiPen® is about the size of a large permanent marker, The auto injector is easy to use. It is designed to be administered into the thigh muscle and can be given through clothing.