

Allergy Action Plan

ALLERGY TO: _____

Name: _____ D.O.B: _____ Teacher: _____

Asthmatic Yes * ___ No ___ * High risk for severe reaction

SIGNS OF AN ALLERGIC REACTION

Systems	Symptoms
MOUTH	itching & swelling of the lips, tongue, or mouth
THROAT *	itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
SKIN	hives, itchy rash, and/or swelling about the face or extremities
GUT	nausea, abdominal cramps, vomiting, and/or diarrhea
LUNG *	shortness of breath, repetitive coughing, and/or wheezing
HEART *	"thready" pulse, "passing-out"
<p>The severity of symptoms can quickly change.</p> <p>*All above symptoms can potentially progress to a life-threatening situation</p>	

ACTION FOR MINOR REACTION

1. If only symptom(s) are: _____
 give _____
medication/dose/route

Then call:

2. Mother _____, Father _____, or emergency contacts.

3. Dr. _____ at _____

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

ACTION FOR MAJOR REACTION

1. If bee sting or other reason for major reaction is suspected and/or symptom(s) are: _____
 give _____ **IMMEDIATELY!**
medication/dose/route

Then call:

2. Rescue Squad 911(ask for advanced life support)

3. Mother _____, Father _____, or emergency contacts.

4. Dr. _____ at _____

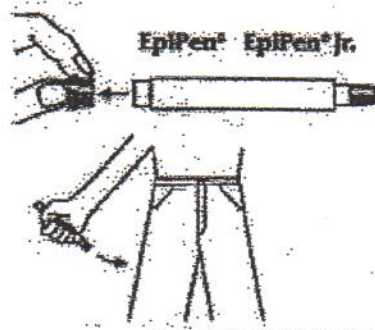
DO NOT HESITATE TO CALL RESCUE SQUAD!

Parent's Signature _____ Date _____

Doctor's Signature _____ Date _____

EMERGENCY CONTACTS	TRAINED STAFF MEMBERS
1. _____	
Relation: _____ Phone: _____	1. _____ Room _____
2. _____	2. _____ Room _____
Relation: _____ Phone: _____	3. _____ Room _____
3. _____	
Relation _____ Phone _____	

EPIPEN® AND EPIPEN® JR. DIRECTIONS



1. Pull off gray activation cap.
2. Hold black tip near outer thigh (always apply to thigh).
3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and taken with you to the Emergency Room. Massage the injection area for 10 seconds.

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