Allergy Action Plan - Secondary Level

Students Name: _____**D.O.B:** _____**Grade:** _____

Place Child's Picture Here

ALLERGY TO:_____

Asthmatic: ☐ Yes* ☐ No *Higher risk for severe reaction

STEP 1: TREATMENT

Symptoms: **Give Checked Medication**:**
(To be determined by physician authorizing treatment)

- If a food allergen has been ingested, but *no symptoms*: ☐ Epinephrine ☐ Antihistamine
- Mouth Itching, tingling, or swelling of lips, tongue, mouth ☐ Epinephrine ☐ Antihistamine
- Skin Hives, itchy rash, swelling of the face or extremities ☐ Epinephrine ☐ Antihistamine
- Gut Nausea, abdominal cramps, vomiting, diarrhea ☐ Epinephrine ☐ Antihistamine
- Throat† Tightening of throat, hoarseness, hacking cough ☐ Epinephrine ☐ Antihistamine
- Lung† Shortness of breath, repetitive coughing, wheezing ☐ Epinephrine ☐ Antihistamine
- Heart† Thready pulse, low blood pressure, fainting, pale, blueness ☐ Epinephrine ☐ Antihistamine
- Other† _____ ☐ Epinephrine ☐ Antihistamine
- If reaction is progressing (several of the above areas affected), give ☐ Epinephrine ☐ Antihistamine

The severity of symptoms can quickly change. †Potentially life threatening.

DOSAGE

ANTIHISTAMINE: give_____ Is child authorized to carry **one dose** and medicate self? Yes or No
medication/dose/route

EPINEPHRINE: ***inject intramuscularly (circle one)*** *EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg*

Is child authorized to carry medicine and medicate self? Yes or No

OTHER: give_____
medication/dose/route

STEP 2: EMERGENCY CALLS

1. **Call 911**. State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ at _____

3. Emergency contacts: Name/Relationship Phone Number(s)

a. _____1.)_____ 2.) _____

b. _____1.)_____ 2.) _____

c. _____1.)_____ 2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

STEP 3: ACCOMMODATIONS

1. In the cafeteria, does this child need to be seated at a "peanut-free table", where no peanut products are allowed? ☐ YES ☐ NO

2. Please list any other accommodations required in school: _____

_____

Parent/Guardian Signature_____ Date_____
(required)

Doctor's Signature_____ Date_____
(required)

6/06