

Allergy Action Plan

Place Child's Picture Here	Student's Name:		D.O.B.:	
	Teacher:			
	ALLERGY TO:			
	Asthmatic:	<input type="checkbox"/> Yes* <input type="checkbox"/> No	*Higher risk for severe reaction	

Step 1: Treatment			
SYMPTOMS		GIVE CHECKED MEDICATION**	
<input type="checkbox"/>	If a food allergen has been ingested, but <i>no symptoms</i> :	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/>	Mouth: Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/>	Skin: Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/>	Gut: Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/>	Throat †: Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/>	Lung †: Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/>	Heart †: Thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/>	Other †:	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/>	If reaction is progressing (<i>several of the above areas affected</i>), give:	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
**The severity of symptoms can change. †Potentially life-threatening.			

DOSAGE			
Epinephrine	Inject intramuscularly (<i>check one</i>):	<input type="checkbox"/> EpiPen®	<input type="checkbox"/> Twinject™ 0.3mg
		<input type="checkbox"/> EpiPen® Jr.	<input type="checkbox"/> Twinject™ 0.15mg
(see reverse side for instructions)			
Antihistamine	Give:		
Medication / dose / route			
Other	Give:		
Medication / dose / route			

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Step 2: Emergency Calls

1.	Call 911 or Rescue Squad [Name squad]: State that an allergic reaction has been treated, and additional epinephrine may be needed.		
2.	Dr. [Name]:	At:	
3.	Emergency contacts:		
	<i>Name</i>	<i>Relationship</i>	<i>Phone Number(s)</i>
a.			Phone 1: Phone 2:
b.			Phone 1: Phone 2:
c.			Phone 1: Phone 2:
EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!			

Parent/Guardian Signature:		Date:	
Doctor's Signature (required):		Date:	