

Allergy Action Plan

ALLERGIC TO: _____

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

ASTHMATIC (Circle One) Yes* No *High risk for severe reaction

SIGNS OF AN ALLERGIC REACTION INCLUDE:

Systems:

Symptoms:

MOUTH

itching and swelling of the lips, tongue or mouth

THROAT

itching / sense of tightness in the throat, hoarseness and 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”

The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation. Be prepared to administer CPR.

ACTION:

1. If ingestion is suspected give, _____
(medication/dose/route)
and _____ immediately!

2. CALL RECUE SQUAD: _____ TRANSPORT TO: _____

3. CALL: Mother _____ Father _____

3. CALL: Dr. _____ at _____

EMERGENCY CONTACTS:

TRAINED STAFF MEMBERS:

1. _____

1. _____ Ext. _____

Relation: _____ Phone: _____

2. _____

2. _____ Ext. _____

Relation: _____ Phone: _____

3. _____

3. _____ Ext. _____

Relation: _____ Phone: _____

Parent Signature Date

Doctor Signature Date