

ALLERGY ACTION PLAN

USE 1 FORM PER CHILD FOR EACH ALLERGEN

Student _____

DOB _____ Teacher _____

Allergy to _____

Asthmatic? Yes* No *Higher risk for severe reaction

STEP 1 - TREATMENT

SEND STUDENT TO HEALTH OFFICE ACCOMPANIED BY RESPONSIBLE PERSON.

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

Symptoms

◆ If a student has been exposed to/ingested an allergen but has NO symptoms:

◆ Mouth Itching, tingling, or swelling of lips, tongue, mouth:

◆ Skin Hives, itchy rash, swelling of the face or extremities:

◆ Gut Nausea, abdominal cramps, vomiting, diarrhea:

◆ Throat† Tightening of throat, hoarseness, hacking cough:

◆ Lung† Shortness of breath, repetitive coughing, wheezing:

◆ Heart† Thready pulse, low blood pressure, fainting, pale, blueness:

◆ Other† _____ :

◆ If reaction is progressing, (several of the above areas affected), give:

Give checked Medication**

**To be determined by physician authorizing treatment

Epinephrine Antihistamine

Epinephrine Antihistamine

Epinephrine Antihistamine

Epinephrine Antihistamine

Epinephrine Antihistamine

Epinephrine Antihistamine

Epinephrine Antihistamine

Epinephrine Antihistamine

Epinephrine Antihistamine

DOSAGE

START DATE _____

END DATE _____

Epinephrine: Inject intramuscularly. See reverse side for instructions.

EpiPen® Other _____

EpiPen® Jr. Medication/Dose _____

Twinject 0.3mg

Twinject 0.15mg

Antihistamine: Give _____

antihistamine/dose/route

Other: Give _____

medication/dose/route

Special Instructions (for health care provider to complete): _____

STEP 2 - EMERGENCY CALLS

PARAMEDICS MUST BE CALLED IF EPIPEN OR TWINJECT IS GIVEN. EPIPEN OR TWINJECT ONLY LAST 15-20 MINUTES.

1. Call 911 (or Rescue Squad _____). State that an anaphylactic reaction has been treated, type of treatment given (i.e., EpiPen or Twinject) and that additional epinephrine may be needed.

2. Parents _____ Tel _____

3. Physician _____ Tel _____

EMERGENCY CONTACTS

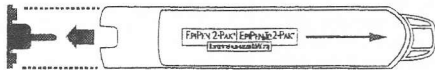
- 1. _____ Relation: _____
Tel: _____
- 2. _____ Relation: _____
Tel: _____
- 3. _____ Relation: _____
Tel: _____

TRAINED STAFF MEMBERS

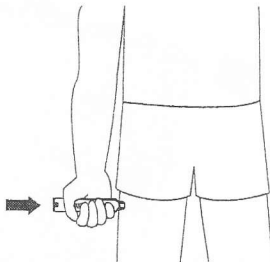
- 1. _____ Room: _____
- 2. _____ Room: _____

EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)

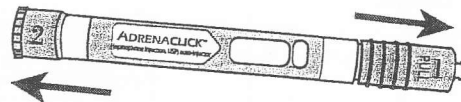


- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



DEY® and the Dey logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Dey Pharma, L.P.

Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions



Remove GREY caps labeled "1" and "2."



Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

ALWAYS CALL 911 when Epinephrine is administered.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

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

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

Parent/Guardian Signature _____ Date _____

Physician Signature _____ Date _____