

ANAPHYLACTIC ALLERGY ACTION PLAN

Enter School Year _____ Enter Current Date _____

LAST NAME		DOB
FIRST NAME		GENDER
SCHOOL	GR	TEACHER

ANAPHYLACTIC ALLERGY TO: _____

Y <input type="checkbox"/>	N <input type="checkbox"/>	Student is responsible to carry the EpiPen with them during the school day.
Y <input type="checkbox"/>	N <input type="checkbox"/>	The EpiPen will be kept with the nurse or office for immediate retrieval.

Medically necessary classroom or lunchroom accommodations? Yes or No If yes, please explain.

STEP 1: TREATMENT

Symptom: The severity of symptoms can quickly change.

Give checked emergency medication or specify treatment

If a food allergen has been ingested, but no symptoms	<input type="checkbox"/> EpiPen	<input type="checkbox"/> Benadryl
If stung by insect, with or without symptoms	<input type="checkbox"/> EpiPen	<input type="checkbox"/> Benadryl
Skin- Hives, itchy rash, swelling of face or extremities	<input type="checkbox"/> EpiPen	<input type="checkbox"/> Benadryl
Mouth- itching, tingling, or swelling of lips or tongue	<input type="checkbox"/> EpiPen	<input type="checkbox"/> Benadryl
Gut- Nausea, belly cramps, sudden vomiting or diarrhea	<input type="checkbox"/> EpiPen	<input type="checkbox"/>
Throat- Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> EpiPen	<input type="checkbox"/>
Lung- Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> EpiPen	<input type="checkbox"/>
Heart- Thready pulse, fainting, pale, blueness, low BP	<input type="checkbox"/> EpiPen	<input type="checkbox"/>
Other-	<input type="checkbox"/> EpiPen	<input type="checkbox"/>

DOSAGE

Epinephrine: inject intramuscularly (check one) EpiPen or EpiPen Jr.

This is an emergency medication and should be administered IMMEDIATELY BY STUDENT OR DESIGNATED SCHOOL STAFF.

Benadryl: give _____ tsp or _____ tab(s) by mouth if student is able to swallow.

Other: (Albuterol inhaler etc.) _____

These medications will be administered by the nurse or student. The nurse should be called to return to the building if not present.

STEP 2: CALL EMS if a severe allergic reaction is occurring or EpiPen is used.

1. Call 911, state that an allergic reaction has been treated, and additional support is needed.
2. Emergency Contacts: Call the parent/guardian to notify them of the incident.

Name & Relationship _____ Phone _____

Name & Relationship _____ Phone _____

I agree with the above plan, and agree that school health personnel and my child's physician or staff may discuss this plan if there are questions.

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PARENT/GUARDIAN SIGNATURE _____ PRINT NAME _____ DATE _____

PHYSICIAN SIGNATURE _____ PHYSICIAN PRINT NAME _____

DATE _____ PHONE _____ FAX _____