



ALLERGY ACTION PLAN Food and Other Allergens

Attach
 student's
 photo here

Student's name: _____ Date of Plan: _____
 Student has allergy to: _____

- Student has asthma [] Yes [] No (if yes, higher chance of severe allergy)
 Student has anaphylaxis [] Yes [] No
 Student may carry epi pen [] Yes [] No
 Student may self administer epi pen [] Yes [] No (if child refuses/is unable to self treat, an adult must give epi)

IMPORTANT REMINDER Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine

<p>For Severe Allergy and Anaphylaxis What to look for</p> <p>If student has ANY of these severe symptoms after eating the food or having a sting, give epinephrine.</p> <ul style="list-style-type: none"> • Shortness of breath, wheezing, or coughing • Skin color is pale or has a bluish color • Weak pulse • Fainting or dizziness • Tight or hoarse throat • Trouble breathing or swallowing • Swelling of lips or tongue that bother breathing • Vomiting or diarrhea (if severe or combined with other symptoms) • Many hives or redness over body • Feeling of "doom," confusion, altered consciousness, or agitation <p><input type="checkbox"/> SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s):_____. Even if child has MILD symptoms after a sting or eating these foods, give epinephrine.</p>	<p>Give epinephrine! What to do</p> <ol style="list-style-type: none"> 1. Inject epinephrine right away! Note time when epi was given. 2. Call 9 1 1. *tell dispatcher epinephrine was given and the time it was given. 3. Stay with the student. *Call parent/guardian. *Give 2nd dose of epi, if symptoms get worse, continue, or do not get better in 5 minutes. *Turn student to side if vomiting or having difficulty breathing. 4. Give other medicine, if prescribed, after epi given and student is able. *Antihistamine *Inhaler <p>DO NOT USE OTHER MEDICINE IN PLACE OF EPINEPHRINE</p>
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<p>For Mild Allergic Reaction What to look for</p> <p>If child has had any mild symptoms, monitor child. Symptoms may include:</p> <ul style="list-style-type: none"> • Itchy nose, sneezing, itchy mouth • A few hives • Mild stomach nausea or discomfort 	<p>Monitor child What to do</p> <p>Stay with child and:</p> <ul style="list-style-type: none"> • Watch child closely. • Give antihistamine (if prescribed). • Call parents and child's doctor. • If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")
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MEDICINES/DOSES

Epinephrine, intramuscular (list type): _____ Dose: [] 0.15mg (Epi Jr.)
 [] 0.30mg (Weight > 25kg)

Antihistamine, by mouth (type/dose): _____

Other (inhaler/bronchodilator if student has asthma): _____

 Parent/Guardian Signature Date Health Care Provider Signature Date