**ALLERGY ACTION PLAN Food and Other Allergens**

Student’s name: __________________________ Date of Plan: __________________

Student has allergy to: __________________________

<table>
<thead>
<tr>
<th></th>
<th>[ ] Yes</th>
<th>[ ] No (if yes, higher chance of severe allergy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student has asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student has anaphylaxis</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>Student may carry epi pen</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>Student may self administer epi pen</td>
<td>[ ] Yes</td>
<td>[ ] No (if child refuses/is unable to self treat, an adult must give epi)</td>
</tr>
</tbody>
</table>

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

### For Severe Allergy and Anaphylaxis

**What to look for**

If student has **ANY** of these severe symptoms after eating the food or having a sting, **give epinephrine**.

- 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

**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**.

**What to do**

1. Inject epinephrine right away! Note time when epi was given.
2. Call 911.
   - 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

**DO NOT USE OTHER MEDICINE IN PLACE OF EPINEPHRINE**

### For Mild Allergic Reaction

**What to look for**

If child has had any mild symptoms, **monitor child**. Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

**What to do**

Stay with child and:

- 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.”)

### MEDICATIONS

**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):** __________________________

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