

Allergy Action Plan

Allergy to: _____

Student's Name _____ D.O.B. _____

Asthmatic: yes _____ No _____ High risk for severe reaction _____

Signs of an allergic reaction:

Itching & swelling of the lips, tongue, or mouth

Itching and/or a sense of tightness in the throat, hoarseness, and cough

Hives, itchy rash and/or swelling about the face or extremities

Nausea, abdominal cramps, vomiting, and/or diarrhea

Shortness of breath, repetitive coughing and/or wheezing

“thready” pulse, passing out

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

ACTION FOR MINOR REACTION

1. If only symptoms are: _____, give _____

(medication/dose/route)

Then call:

2. Mother _____ Father _____ or
emergency contacts.

3. Dr. _____ at _____

If condition does not improve within 10 minutes, follow steps for major reaction below.

ACTION FOR MAJOR REACTION

1. If symptoms are _____

Give _____ IMMEDIATELY!

(medication/dose/route)

Then call:

2. Rescue Squad 911

3. Mother _____ Father _____

4. Emergency Contact _____

5. Dr. _____ at _____

Parent's Signature _____

Physician Signature _____

