

ALLERGY ACTION PLAN

ALLERGY TO: _____

Student's Name _____

Asthmatic Yes* No *High risk for severe reaction

☐ SIGNS OF AN ALLERGIC REACTION

Systems

MOUTH

THROAT

SKIN

GASTROINTESTINAL

LUNG

HEART

Symptoms*

Itching and swelling of the lips, tongue or mouth

Itching and/or a sense of tightness in the throat, hoarseness or hacking 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, unconsciousness or "passing out"

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

☐ ACTION FOR MINOR REACTION

If only symptom(s) are: _____

Then call:

1. Mother _____, 2. Father _____, or emergency contact person.

3. Doctor _____ at _____.

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

☐ ACTION FOR MAJOR REACTION

If ingestion is suspected and/or symptoms(s) are: _____,

give _____ IMMEDIATELY!

(medication/dose/route)

Then call:

1. Rescue Squad (ask for advanced life support)

2. Mother _____, Father _____, or emergency contact person.

3. Doctor _____ at _____.

DO NOT HESITATE TO CALL RESCUE SQUAD!

Parent's Signature _____ Date _____

Doctor's Signature _____ Date _____