

ALLERGY ACTION PLAN

ALLERGY TO: _____

Student's
Name: _____ D.O.B.: _____ Teacher: _____Asthmatic Yes* No * High risk for severe reactionPlace
Child's
Picture
Here◇ **SIGNS OF AN ALLERGIC REACTION** ◇**Systems****Symptoms**

Mouth	Itching and swelling of the lips, tongue, or mouth
Throat*	Itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
Skin	Hives, itchy rash, and/or swelling about the face or extremities
Gut	Nausea, abdominal cramps, vomiting, and/or diarrhea
Lung*	Shortness of breath, repetitive coughing, and/or wheezing
Heart*	"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 symptom(s) 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 ingestion is suspected and/or symptom(s) are: _____

give _____ **IMMEDIATELY !!!!**
Medication/dose/route

Then call:

1. Rescue Squad (ask for advance life support)

2. Mother _____, Father _____, or emergency contacts.

3. Dr. _____ at _____

DO NOT HESITATE TO CALL 911

Even if Parent/Guardian cannot be reached, do not hesitate to medicate or call 911 to take child to medical facility