



School Allergy Action Plan

Student Name: _____ Date of Birth: _____

Physician Name: _____ Phone #: _____

Allergic to: _____

Typical reaction when exposed: _____

Treatment

If the student has NO SYMPTOMS but has ingested food allergen or been stung/bitten by insect to which they are allergic do the following:

- No medication at this time. Observe for progression of symptoms.
Administer antihistamine: (name of medication/dose/route)
Other: give (name of medication/dose/route)

If the student has MINOR SYMPTOMS involving skin only such as generalized itching, rash, or hives, do the following:

- Administer antihistamine: (name of medication/dose/route)
Other: give (name of medication/dose/route)

If the student has MAJOR SYMPTOMS such as any of the following:

- Swelling, itching, or tingling in the mouth, lips, tongue, and/or throat
Shortness of breath, repetitive coughing, and/or wheezing
Tightening of throat, difficulty swallowing, hoarseness, and/or hacking cough
Nausea, abdominal cramps, vomiting, and/or diarrhea
Thready pulse, low blood pressure, fainting, and/or turns pale or blue

Do the following:

- Administer antihistamine: (name of medication/dose/route)
Epinephrine: name of device student has been prescribed to keep at school

CALL 911 ANYTIME EPINEPHRINE IS ADMINISTERED!

If symptoms do not improve after 10 minutes and EMS has not arrived:

- Give: Name of medication/dose/route

Parent/Guardian Signature/Date

Contact Numbers

M.D. Signature/ Date

Phone Number