



Allergy Action Plan: P3 -8 Peanut Free

Student Name: _____ Birth Date: _____
School: _____ Grade: _____ Teacher: _____



ALLERGIC TO THESE ALLERGENS:

- Has Asthma (increases risk for severe reaction)
Severe Allergy previously/suspected—Immediately give epinephrine & call 911— Start with Steps 2 & 3
Mild Allergy – Itching, rash, hives – Give antihistamine, call school nurse and parent. Start with Step 1

STEP 1: IDENTIFICATION OF SYMPTOMS* * Send for immediate adult assistance

Symptoms:

- If exposed to allergen, or allergen ingested, but no symptoms
Mouth – Itching, tingling, or swelling of lips, tongue, mouth
Skin – Hives, itchy rash, swelling of the face or extremities
Gut – Nausea, abdominal cramps, vomiting, diarrhea
Throat – Tightening of throat, hoarseness, hacking cough
Lung** – Shortness of breath, repetitive coughing, wheezing
Heart** – Faint, pale, blueness around mouth or nail beds, weak pulse, low B/P.
Other** –
If reaction is progressing (several of the above areas affected) give

Type of Medication to Give:

(Determined by physician authorizing treatment)

- Epinephrine Antihistamine
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Epinephrine: Call 911
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** Potentially life-threatening. – Note: The severity of symptoms can quickly change.

STEP 2: GIVE MEDICATIONS

Epinephrine: inject intramuscularly (check one) EpiPen EpiPen Jr

- If Epinephrine is given, paramedics must be called! PROCEED TO STEP 3 BELOW.

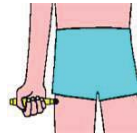
Antihistamine/other: give (Medication name & amount) by (route/method)

- Notify parents and school nurse
Observe for increasing severity of symptoms
Call 911 as needed

IMPORTANT: Do NOT depend on asthma inhalers and/or antihistamines to replace epinephrine in a severe reaction.

EpiPen Directions:

- Pull off the GRAY Safety Cap
Place BLACK TIP near OUTER-UPPER THIGH
Swing and jab firmly until hearing or feeling a click
Hold EpiPen in place 10 SECONDS, remove, massage area
Dispose of in red sharps container or give to paramedics



- The EpiPen can be injected through clothing.
The individual may feel his/her heart pounding.
This is a normal reaction to the medication.

STEP 3: EMERGENCY CALLS

- CALL 911 – Seek emergency care. State that an allergic reaction has been treated, and additional epinephrine may be needed.
Call Parents or Emergency Contacts

Parent completes Parent and Emergency Contact Names and Information below:

Table with 3 columns: Parents/Emergency Contact Names, Relationship, Phone Number(s). Rows for a and b.

Parent/Guardian Signature (Required) Date

Physician completes form through Step 2

Physician Name (Printed) Phone Number: ()

Physician Signature (Required) Date:

Student Considerations:

- Student is able to recognize signs and symptoms of exposure to allergen. Yes No
- Student knows how to access emergency help in the school setting. Yes No
- This student is authorized to self-carry/self-administer an EpiPen. Yes No
- This student needs assistance in administering an EpiPen by trained personnel. Yes No

Parent Authorization:

- I give the health care provider permission to release pertinent medical information to the school regarding the administration of medication to my child.
- I assume responsibility for supplying medication to the school that will not expire during the course of its intended use.
- I agree to supply an Allergy Action Plan to the school for my child.
- In the event of an emergency, I give my permission for transport and treatment at the nearest medical facility.
- I agree to hold the school and its employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of emergency medication at school.

PARENT SIGNATURE:	DATE:
PRINCIPAL SIGNATURE:	DATE:
HOMEROOM TEACHER SIGNATURE:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.
Revised: 6/14/2012