



Allergy Action Plan

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

Specify Allergies Allergy to: _____

Allergy to: _____

Allergy to: _____

Asthmatic: No Yes Treatment: _____

History of Anaphylaxis? No Yes Date: _____
 Respiratory Skin GI Cardiovascular

If yes, affected treatment: _____

Severe allergy to insect stings or foods: No Yes Treatment: _____

Does this student have the ability to: Self-manage (able to administer epinephrine/medication) Yes No
Recognize signs of allergic reactions Yes No
Recognize and avoid allergens independently Yes No

STEP 1: TREATMENT

All medication must be turned in to the office.

SYMPTOMS

GIVE CHECKED MEDICATION

If food allergens have been 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 the throat, repetitive coughing, wheezing.
- Lung Shortness of breath, repetitive, coughing, wheezing.
- Heart Thready pulse, low blood pressure, fainting, pale, blueness

- Epinephrine Antihistamine Other _____
- Epinephrine Antihistamine Other _____
- Epinephrine Antihistamine Other _____
- Epinephrine Antihistamine Other _____
- Epinephrine Antihistamine Other _____
- Epinephrine Antihistamine Other _____
- Epinephrine Antihistamine Other _____

Other: _____

DOSAGE

- **Severe Reaction** – administer epinephrine (see below), then call 911
 - Epinephrine: inject intramuscularly (check one) 0.15 mg 0.3 mg
- **Mild Reaction**
 - Antihistamine: give _____ medication/dose/route
 - Other: give _____ medication/dose/route

STEP 2: EMERGENCY CALLS

1. Call 911 – state that an allergic reaction has been treated, and additional epinephrine may be needed.

2. EMERGENCY INFORMATION AND AUTHORIZATION

Contact: _____ Phone #: _____

Contact's address: _____

Contact's relationship to child: _____

Doctor's name: _____

Telephone number: _____

Preferred hospital: _____

Medical Insurance Plan and #: _____

Please submit as many authorized contacts as possible

Release of minors from school (whether elementary or secondary) is governed by Section 3210 of the NYS Education Law. In summary, students may only be released to the people listed below. When someone shows up to pick up the student, they must report to the school office and produce PROPER IDENTIFICATION, and the name is verified as being on the list below. Minors may not be released except in the event of an emergency as determined in the sole discretion of the administrator/principal of the school, or his/her designee, provided that the persons in parental relation to the minor have been contacted and have agreed to such a release.

Name	Relationship	Address	Phone #

Emergency Situation: In an emergency and I cannot be reached, the school is authorized to send my child to the hospital listed above OR to the nearest hospital by ambulance for treatment. I realize that the school cannot assume responsibility of expenses incurred. Yes _____ (initial) No _____ (Initial)

Health Conditions: Some require special attention should an emergency or sudden illness occur. Recent illness or injury, immunization vaccine or other health conditions that may require special care (*please include medications your child takes at home or may affect them during the school day*).

Parent/Guardian Signature

Date