

ALLERGY ACTION PLAN

Student's Name: _____
 D.O.B.: _____
 Allergic to: _____
 School: _____
 Grade/Teacher: _____
 Asthmatic? No *Yes (*at higher risk for life threatening reaction)
 Bus Rider? No Yes _____



Bus Route/Shuttle _____

Date & Symptoms of Last Reaction: _____

Location of EPI Pen/Med: Student Backpack Clinic Classroom Other: _____

SIGNS OF AN ALLERGIC REACTION

- | | | | | | |
|----------------------|------------------------|---------------------|-----------------|-----------------------|---------------|
| MOUTH: | THROAT: | SKIN: | STOMACH: | LUNG: | HEART: |
| ▪ Tingling | ▪ Tightening of throat | ▪ Hives | ▪ Nausea | ▪ Shortness of breath | ▪ Weak pulse |
| ▪ Itching | ▪ Hoarseness | ▪ Itching, rash | ▪ Vomiting | ▪ Wheezing | ▪ Fainting |
| ▪ Swelling of lips | ▪ Hacking cough | ▪ Swelling of face | ▪ Diarrhea | ▪ Repetitive cough | ▪ Pale |
| ▪ Swelling of tongue | | ▪ Swelling of limbs | ▪ Cramps | | |

IF KNOWN ALLERGEN HAS BEEN INGESTED, BUT NO SYMPTOMS: _____

ACTION FOR MINOR REACTION

**If symptoms are: _____
ADMINISTER: _____
 Medicine/Dose _____

ACTION FOR MAJOR REACTION

- **If symptoms are: _____
- 1 IMMEDIATELY ADMINISTER EPINEPHRINE:** _____
ADMINISTER ANTIHISTAMINE: _____
Medicine/Dose _____
 - 2 CALL 911 (Request rescue squad, additional epinephrine & immediate transport to hospital.)**
 - 3 NOTIFY PARENTS**

EMERGENCY CONTACT NUMBERS

	()	()	
Name	Relationship to Child	Daytime Phone	Cell
		()	()
Name	Relationship to Child	Daytime Phone	Cell
		()	()
Name	Relationship to Child	Daytime Phone	Cell

Parent's/Guardian's Signature/Date: _____
 Student must sit at peanut-free table Student may sit at regular lunch table
 Check all that apply: Further accommodations must be made Meeting with school nurse/teacher requested
 Prescriber's Name & Phone: _____
 Prescriber's Signature/Date: _____

*Medications MUST be provided by the parent with the appropriate forms filled out.
 *If a special/substitute food is to be provided by the cafeteria, forms found on the WCS Food Service website must be filled out each year.
 *If you have any questions, please contact the District's school nurse at 330.335.1403.