



# ALLERGY ACTION PLAN

Student Name \_\_\_\_\_

DOB \_\_\_\_\_

Allergies \_\_\_\_\_

Student has Asthma    Yes     No

Was there an exposure to a possible allergen/trigger?

If yes, **BRING TO CLINIC IF POSSIBLE OR NOTIFY SCHOOL NURSE.**

**FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS**

- Mouth – Itching , Swelling Of Lips And/Or Tongue.
  - Throat- Itching, Tightness, Closure/Hoarseness, Trouble Swallowing.
  - Skin- Itching, Hives, Redness, Swelling.
  - Gut – Vomiting, Diarrhea, Cramps.
  - Lung- Shortness Of Breath, Cough ,Wheeze .
  - Heart- Weak Pulse , Dizziness,Fainting.
- (Or a combination of symptoms from different body areas)



**INJECT EPINEPHRINE IMMEDIATELY**

**Call 9-1-1.** Tell emergency dispatcher that student is having an anaphylactic reaction.

Lay the student flat; raise legs and keep warm. If they are vomiting, let them sit up or lay student on side.

Note time of injection, more epinephrine can be given 5 minutes after first dose by emergency responders. Send Auto-injector with student to hospital.

Doctor prescribed dosage for this student \_\_\_\_\_

**FOR BUSING**

**If allergic reaction has severe symptoms as previously described or exposure to trigger is suspected:**

**INJECT EPINEPHRINE IMMEDIATELY!**

**Bus assistant to make driver aware of allergic reaction/ epinephrine administration. Driver to pull bus over and call 9-1-1. Make sure dispatcher is aware that epinephrine was given.**

**Lay student flat if possible and raise legs. If vomiting, turn student on side.**

**Note time of epinephrine injection as first responders can give second dose 5 minutes after first, if needed. Send Auto-injector to hospital with student.**

**Bus driver to notify transportation after calling 9-1-1. Transportation office to notify parents of student.**

**After 9-1-1 is called, Transportation Office or Principal to notify Superintendent.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_