

ALLERGY ACTION PLAN

Trumbull County Board of Developmental Disabilities – Fairhaven School
420 Lincoln Way, Niles, OH 44446

Phone: 330-652-5811

Fax – Nurse’s Office: 330-574-4517

Student Name: _____ Date of Birth: _____

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 the 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 administration 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: _____