

Place
child's
picture
here

Allergy Action Plan

School Year: _____
 Student's Name: _____ Date of birth: _____ Grade/Class: _____
 Address: _____ Phone Number: _____

ALLERGY:

____ Latex
 ____ Foods (list): _____
 ____ Medications (list): _____
 ____ Stinging Insects (list): _____

Asthmatic: YES* NO *High risk for severe reaction

Signs of an allergic reaction:

The severity of symptoms can quickly change. All of the below symptoms can potentially progress to a life-threatening situation.

| Systems: | Symptoms: |
|----------|--|
| Mouth | Itching & swelling lips, tongue, or mouth |
| Throat | Itching and/or sense of tightness in the throat, hoarseness, and hacking cough |
| Skin | Hives, itchy rash, and/or swelling about the face or extremities |
| Gut | Nausea, abdominal cramps, vomiting, and/or diarrhea |
| Lung | Shortness of breath, repetitive coughing, and/or wheezing |
| Heart | Thready pulse, passing out |

Action for Minor Reaction

If only symptom(s) are: _____
 give _____
 Medication/Dose/Route

Then call:

_____ at _____
 Parent/Guardian/Emergency Contact Phone Number
 _____ at _____
 Physician Phone Number

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

Action for Major Reaction

If symptom(s) are: _____
 give _____ IMMEDIATELY!

Then call:

911 Activate EMS

_____ at _____
 Parent/Guardian/Emergency Contact Phone Number
 _____ at _____
 Physician Phone Number



Student's Name: _____ Date of birth: _____ Grade/Class: _____

Parent Signature _____ Date _____

Physician Signature _____ Date _____

PHYSICIAN: Please initial here _____ if STUDENT has been instructed on how to use Epi-pen and is able to self-administer; thus enabling the student to carry the Epi-pen on his/her person while at school. If the student is able to self carry it is required by law for an additional Epi-pen to be kept in the clinic.

PARENT/GUARDIAN AND STUDENT: Please initial here _____ / _____ to indicate that you have been instructed and if student self-administers Epi-pen will notify an adult school staff member to activate EMS. By initially you are acknowledging that **an additional Epi-pen must be brought into the school and kept in the clinic (ORC 3313.718).**

Emergency Contacts:

| | | |
|----------|--------------|-------|
| 1. _____ | _____ | _____ |
| Name | Relationship | Phone |
| 2. _____ | _____ | _____ |
| Name | Relationship | Phone |
| 3. _____ | _____ | _____ |
| Name | Relationship | Phone |

Trained Staff Members

| | |
|----------|-------|
| 1. _____ | _____ |
| Name | Room |
| 2. _____ | _____ |
| Name | Room |
| 3. _____ | _____ |
| Name | Room |

EPI-PEN INSTRUCTION

Any time you are getting ready to use an Epi-pen on student, 911 must be called!

1. Form a fist around the auto-injector with the orange tip facing down. Do not put your thumb or finger over the orange tip. The orange tip is the end the needle comes out of.
2. Pull off blue activation cap. Failure to pull this off will cause the pen not to activate
3. Have student sit down if able to
4. Hold orange tip near outer thigh. This is the area that the medication will be given in.
5. Firmly jab into outer thigh through clothing (stay away from seams of jeans) until the auto-injector mechanism works (will hear a click noise)
6. **Hold in place and count to 10.** This enables the medication to get into the student.
7. Remove the EpiPen or EpiPen Jr. The orange tip will extend covering the needle.
8. Massage the injection area and count to 10.
9. Keep the child warm and calm. Stay with child at all times.
10. Note time of injection.
11. Send the used EpiPen or EpiPen Jr. to the Emergency Department with the child.