

Allergy Action Plan

Effective Date _____

This student is being treated for an allergy. The information below should assist you if an allergy occurs during school hours.

Student's Name	Date of Birth
Parent/Guardian	Phone Cell
Other Emergency Contact	Phone Cell
Treating Physician	Phone
Significant Medical History	

Allergy Information

Allergy Type	Length	Frequency	Description

Allergy triggers or warning signs: _____

Students' response after an Allergy: _____

Basic First Aid: Care & Comfort

Please describe basic first aid procedures: _____

Does the student need to leave the classroom after an Allergy? Yes No

If YES, describe process for returning student to classroom: _____

Emergency Response

An "Allergy emergency" for this student is defined as: _____

Allergy Emergency Protocol
(Check all that apply and clarify below)

- Contact school nurse at _____
- Call 911 for transport to _____
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Notify doctor
- Other _____

IF THIS HAPPENS, GET EMERGENCY HELP NOW!

Mouth/Throat: itching & swelling of lips, Tongue, mouth, throat; throat tightness; Hoarseness; cough

Skin: hives; itchy rash; swelling

Gut: nausea; abdominal cramps; vomiting; diarrhea

Lung: shortness of breath; coughing; wheezing

Heart: pulse is hard to detect;

"passing out" If child has, asthma symptoms may also need to be treated.

Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Describe any special considerations or precautions: _____

Physician Signature _____ Date _____

Parent/Guardian Signature _____ Date _____