



**2019-20 ALLERGY ACTION PLAN (Food, Bee/Insects)**

Student's Name \_\_\_\_\_  
 Last First Middle Date of Birth

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Treating Physician \_\_\_\_\_ Phone \_\_\_\_\_

**ALLERGY**

Allergy \_\_\_\_\_ Weight \_\_\_\_\_

Asthma:  Yes (higher risk for severe reaction)  No

**FOOD ALLERGY**

Extremely reactive to the following foods: \_\_\_\_\_

\_\_\_\_\_ If checked, student will self carry EpiPen. All students please provide additional EpiPen to be kept in the health room. Middle and upper school students are encouraged to self carry their emergency medication.

<p><b>Any SEVERE SYMPTOMS after suspected or known ingestion:</b></p> <p><b>One or more</b> of the following:                  LUNG: Short of breath, wheeze, repetitive cough                  HEART: Pale, blue, faint, weak pulse, dizzy, confused                  THROAT: Tight, hoarse, trouble breathing/swallowing                  MOUTH: Obstructive swelling (tongue and/or lips)                  SKIN: Many hives over body</p> <p>Or <b>combination</b> of symptoms from different body areas:                  SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)                  GUT: Vomiting, cramping abdominal pain, severe diarrhea                  OTHER: Anxiety, confusion</p>		<ol style="list-style-type: none"> <li><b>1. INJECT EPINEPHRINE IMMEDIATELY</b></li> <li>2. Call 911</li> <li>3. Begin monitoring (see box below)</li> <li>4. Give additional medications:*                      -Antihistamine                      -Inhaler (bronchodilator) if asthma</li> </ol> <p>*Antihistamines &amp; inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.</p>
<p><b>MILD SYMPTOMS ONLY:</b>                  MOUTH: Itchy mouth                  SKIN: A few hives around mouth/face, mild itch                  GUT: Mild nausea/discomfort</p>		<ol style="list-style-type: none"> <li><b>1. GIVE ANTIHISTAMINE</b></li> <li>2. Stay with student; alert healthcare professionals and parent</li> <li>3. If symptoms progress (see above), USE EPINEPHRINE</li> <li>4. Begin monitoring (see box below)</li> </ol>

**MEDICATIONS/DOSES**

Medication	Brand	Dose
Epinephrine		( ) 0.15 mg IM ( ) 0.3 mg IM
Antihistamine		
Other (e.g., inhaler-bronchodilator if asthmatic)		

**Monitoring:** Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given five minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached.

Stamp:

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_