

# Allergy Action Plan

Place  
Child's  
Picture  
Here

ALLERGY TO: \_\_\_\_\_

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Teacher: \_\_\_\_\_

Asthmatic Yes\*  No  \*High risk for severe reaction

## ◆ SIGNS OF AN ALLERGIC REACTION ◆

Systems:      Symptoms:

- MOUTH itching & swelling of the lips, tongue, or mouth
- THROAT\* itching and/or a 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"

The severity of symptoms can quickly change. \*All above symptoms can potentially progress to a life-threatening situation.

## ◆ ACTION FOR MINOR REACTION ◆

1. If only symptom(s) are: \_\_\_\_\_, give \_\_\_\_\_  
\_\_\_\_\_ medication/dose/route

Then call:

2. Mother \_\_\_\_\_, Father \_\_\_\_\_, or emergency contacts.  
3. Dr. \_\_\_\_\_ at \_\_\_\_\_

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

## ◆ ACTION FOR MAJOR REACTION ◆

1. If ingestion is suspected and/or symptom(s) are: \_\_\_\_\_  
give \_\_\_\_\_ IMMEDIATELY!  
\_\_\_\_\_ medication/dose/route

Then call:

2. Rescue Squad (ask for advanced life support)  
3. Mother \_\_\_\_\_, Father \_\_\_\_\_, or emergency contacts.  
4. Dr. \_\_\_\_\_ at \_\_\_\_\_