MADISON COUNTY SCHOOLS

v.1

Life-Threatening Allergy Action Plan

_____ School Year

School:	Grade:	Teacher:
Student's Name:	Date of Birth:	Gender: ☐ Male ☐ Female
Parent/Guardian Name(s):	Work Phone(s):	Cell Phone(s):
Emergency Contact Person:	Contact Phone(s):	
Healthcare Provider Name(s):	Phone:	

ALLERGY TO:

Asthmatic ☐ Yes* ☐ No * Higher risk for severe reaction

STEP 1: TREATMENT

THIS SECTION IS TO BE COMPLETED BY PHYSICIAN

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SYMPTOMS:

GIVE CHECKED MEDICATION

● If a food allergen has been ingested, but no symptoms		☐ Epinephrine	☐ Antihistamine
● Mouth	Itching, tingling, or swelling of lips, tongue, mouth	☐ Epinephrine	☐ Antihistamine
● Skin	Hives, itchy rash, swelling of the face or extremities	☐ Epinephrine	☐ Antihistamine
● Gut	Nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine	☐ Antihistamine
● Throat†	Tightening of throat, hoarseness, hacking cough	☐ Epinephrine	☐ Antihistamine
● Lung†	Shortness of breath, repetitive coughing, wheezing	☐ Epinephrine	☐ Antihistamine
● Heart†	Thready pulse, low blood pressure, fainting, pale, blueness	☐ Epinephrine	☐ Antihistamine
● Other†	_____	☐ Epinephrine	☐ Antihistamine
● If reaction is progressing (several of the above areas affected), give		☐ Epinephrine	☐ Antihistamine

The severity of symptoms can quickly change. †Potentially life-threatening.

MEDICATION DOSAGE & ROUTE

Antihistamine:

Dose: _____

Epinephrine:

Inject epinephrine in thigh using (check one):

☐ Adrenaclick (0.15 mg) ☐ Adrenaclick (0.3 mg)

☐ EpiPen Jr (0.15 mg) ☐ EpiPen (0.3 mg)

Epinephrine Injection, USP Auto-injector- authorized generic

☐ (0.15 mg) ☐ (0.3 mg)

☐ Other (0.15 mg) ☐ Other (0.3 mg)

Other: _____

(PRINTED NAME OF PHYSICIAN)	(SIGNATURE OF PHYSICIAN / DATE)

STEP 2: EMERGENCY CALLS

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR CALL 911!

❶ **Call 911** . State that an allergic reaction has been treated, and additional epinephrine may be needed.

❷ **Parent/Guardian Name(s):**	**Contact Phone(s):**	**Cell Phone(s):**
❸ **Emergency Contact Person:**	**Contact Phone(s):**	

Parent/Guardian Signature _____ **DATE** _____