



Life-Threatening Allergy Action Plan

School Year _____

School:	Grade:	Teacher:
Student's Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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

SYMPTOMS:

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

GIVE CHECKED MEDICATION

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

THIS SECTION IS TO BE COMPLETED BY PHYSICIAN

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

MEDICATION DOSAGE & ROUTE

Antihistamine:

Dose: _____

Epinephrine:

Inject epinephrine in thigh using (check one):

- | | |
|--|---|
| <input type="checkbox"/> Adrenaclick (0.15 mg) | <input type="checkbox"/> Adrenaclick (0.3 mg) |
| <input type="checkbox"/> EpiPen Jr (0.15 mg) | <input type="checkbox"/> EpiPen (0.3 mg) |
| Epinephrine Injection, USP Auto-injector- authorized generic | |
| <input type="checkbox"/> (0.15 mg) | <input type="checkbox"/> (0.3 mg) |
| <input type="checkbox"/> Other (0.15 mg) | <input type="checkbox"/> 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!

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

2 Parent/Guardian Name(s):	Contact Phone(s):	Cell Phone(s):
3 Emergency Contact Person:	Contact Phone(s):	

Parent/Guardian Signature _____

DATE _____