



Please place your child's picture here

ALLERGY ACTION PLAN

Name: _____ Grade: _____

Severe allergy to: _____

Asthmatic: Yes* No *Higher risk for severe reaction

TREATMENT

Symptoms

****Give Checked Medications**

** To be determined by medical provider authorizing treatment

- If food allergen has been ingested, but *no symptoms*: Epinephrine Antihistamine
- Mouth Itching, tingling, swelling of lips, tongue, mouth Epinephrine Antihistamine
- Skin Hives, itchy rash, swelling of 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 cough, wheezing Epinephrine Antihistamine
- Heart* Weak or 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

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

DOSAGE

Epinephrine: inject intramuscularly (circle one): EpiPen® EpiPen® Jr
(see reverse side for administration instructions)

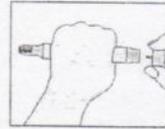
Antihistamine: give: _____
medication/dose/route

Other: give: _____
medication/dose/route

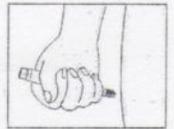
Action after EpiPen is given:

1. Call 911
2. Lay person flat, elevate legs.
If breathing is difficult, allow to sit but do not stand.
3. Contact parent/guardian.
4. Further EpiPen doses may be given after _____ minutes (provider to indicate) if no response.
5. Additional medical provider information: _____

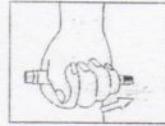
How to give EpiPen® or EpiPen® Jr



1. Form fist around EpiPen® and **PULL OFF** grey cap.



2. Place black end against outer mid-thigh (with or without clothing).



3. Push down **HARD** until a click is heard or felt and hold in place for 10 seconds.



4. Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.

IF IN DOUBT, GIVE EPI PEN® OR EPI PEN Jr.®

Even if parent/guardian cannot be reached, do not hesitate to medicate or have child transported to the Emergency Department!

It is my professional opinion that an auto-injector should be self-carried at all times including the school setting. Initials: _____

It is my professional opinion that an auto-injector should not be self-carried at this time. Initials: _____

Medical Provider Signature/Initials: _____ Date: _____
(Required)

CONTACTS

1. Dr _____ Phone Number: _____

2. Parent _____ Phone Number: _____

3. Emergency Contact other than parent:

Name/Relationship	Phone Number(s)
a. _____	1) _____ 2) _____

b. _____	1) _____ 2) _____
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Parent/Guardian's Signature: _____ Date: _____