SAMPLE ALLERGY ACTION PLAN ADAPTED FROM THE FOOD ALLERGY NETWORK

APPENDIX G

ALLERGY TO: _____

Student's Name: _____

D.O.B.: _____ Teacher _____

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

Place Child's Picture Here

• SIGNS OF AN ALLERGIC REACTION •

Systems:	**Symptoms:**
• **MOUTH**	itching & swelling of the lips, tongue, or mouth.
• **THROAT***	itching an/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.**

1. **If ingestion is suspected and/or symptoms) are:**

_____,

give _____ IMMEDIATELY!
medication/dose/route

Then call:

2. Rescue Squad (ask for advanced life support).

3. Parent/Guardian _____,
or emergency contacts.

4. Dr. _____ at _____

DO NOT HESITATE TO CALL RESCUE SQUAD!

Parent/Guardian's Signature _____ Date _____

School Nurse Signature _____ Date _____

School Nurse's Phone Number _____

Medication order from a licensed provider on file. ☐ YES