

**Carver Public Schools  
Health Services**

**ALLERGY ACTION PLAN**

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Classroom Teacher:** \_\_\_\_\_

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

Asthma? Yes \* No \*High risk for severe reaction

**STEP 1: TREATMENT**

**Symptoms:**

**Give Checked Medication**

(To be determined by physician authorizing treatment)

- |  |                                      |  |
|--|--------------------------------------|--|
| ● If a food allergen has been ingested, but no symptoms        | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ● Mouth: Itching, tingling, or swelling of lips, tongue, mouth | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ● Skin: Hives, itchy rash, swelling of the face or extremities | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ● Gut: Nausea, abdominal cramps, vomiting, diarrhea            | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ● Throat:** Tightening of throat, hoarseness, hacking cough    | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ● Lungs:** Shortness of breath, repetitive cough, wheezing     | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ● Heart: ** Thready pulse, low BP, fainting, pale, cyanosis    | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ● Other:** _____   | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

\*\* Potentially life-threatening

If reaction is progressing or several of the above systems are involved, Epinephrine will be given. The severity of symptoms can quickly change.

**Medication/Dosage**

**Epinephrine:** Give IM (circle one) EpiPen® EpiPen® Jr. Other: \_\_\_\_\_

**Antihistamine:** \_\_\_\_\_  
medication/dose/route

**IMPORTANT: Asthma inhalers and/or antihistamines can not be depended on to replace epinephrine in anaphylaxis.**

**STEP 2: EMERGENCY CALLS**

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

2. Notify Parents: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

3. Emergency contacts (if unable to reach parent/guardian):

- | Name/relationship | Phone Number(s)   |
|-------------------|-------------------|
| a. _____          | 1. _____ 2. _____ |
| b. _____          | 1. _____ 2. _____ |

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)