



Non- Food Allergy Action Plan

For children with multiple allergies, use one form for each allergy. Please complete both sides.

ALLERGY TO: _____

Student's Name: _____ Grade _____

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

SIGNS OF AN ALLERGIC REACTION

- MOUTH itching & swelling of the lips, tongue, or mouth
- THROAT* itching and/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.

ACTION FOR MINOR REACTION

1. If ingestion or allergen exposure is suspected and the only symptoms are _____, _____
give _____
medication/dosage/route
2. Call Mother _____, Father _____, or emergency contacts.
3. Call Dr. _____, at _____
physician's name phone number

ACTION FOR MAJOR REACTION

1. If ingestion or allergen exposure is suspected and/or symptoms are: _____
give _____ IMMEDIATELY!
medication/dosage/route
2. Call 911. Ask for epinephrine and advanced life support
3. Call Mother _____, Father _____, or emergency contacts.
4. Call Dr. _____, at _____
physician's name phone number

Do not hesitate to administer medication or call 911 even if parents or physician cannot be reached!!

_____/_____, M.D. _____
(Parent's Signature) (Date) (Physician's Signature) (Date)

Over- complete back side

Emergency Care Plan for _____
(student name)

of times and dates child has received emergency treatment for severe allergic
reaction: _____

Parent Contacts:

Mother (home phone) _____ Father (home phone) _____
(work phone) _____ Father (work phone) _____

Other Emergency Contacts:

Name: _____
home phone: _____
work phone: _____

Name _____
home phone _____
work phone _____