



**ALLERGY ACTION PLAN**

School Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**ALLERGIES:**

\_\_\_ Latex

\_\_\_ Foods (list): \_\_\_\_\_

\_\_\_ Medications (list): \_\_\_\_\_

\_\_\_ Stinging Insects (list): \_\_\_\_\_

Asthmatic: YES\* NO \*High risk for severe reaction

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**Signs of an allergic reaction:** The severity of symptoms can quickly change. All of the symptoms listed below can potentially progress to a life-threatening situation.

Systems:	Symptoms:
Mouth	Itching & swelling lips, tongue, or mouth
Throat	Itching and/or 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

Action for Major Reaction

If symptom(s) are: \_\_\_\_\_

give \_\_\_\_\_ **IMMEDIATELY! Then CALL: 911-Activate EMS.**

**Then Contact:**

Parent/Guardian/Emergency \_\_\_\_\_ at \_\_\_\_\_  
 Phone Number

Healthcare Provider \_\_\_\_\_ at \_\_\_\_\_  
 Phone Number

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**Action for Minor Reaction**

If only symptom(s) are: \_\_\_\_\_

Give, \_\_\_\_\_

Then Call: \_\_\_\_\_ Medication/Dose/Route \_\_\_\_\_  
 Parent/Guardian/Emergency \_\_\_\_\_ at \_\_\_\_\_  
 Phone Number

Healthcare Provider \_\_\_\_\_ at \_\_\_\_\_  
 Phone Number

**If condition does not improve within 10 minutes, follow steps for Major Reaction above.**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Healthcare Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTHCARE PROVIDER:** Please initial here \_\_\_\_\_ if STUDENT has been instructed on how to use Epi-pen/Auvi-Q and is able to self-administer; enabling the student to carry the Epi-pen/Auvi-Q on his/her person while at school. If the student will self-carry, it is required by law for an additional Epi-pen/Auvi-Q to be kept in the school clinic.

**PARENT/GUARDIAN AND STUDENT:** Please initial here \_\_\_\_\_ / \_\_\_\_\_ to indicate that you have been instructed and if student self-administers Epi-pen/Auvi-Q during school he/she will notify an adult school staff member to activate EMS. By initialing, you are acknowledging that by law, an additional Epi-pen/Auvi-Q must be brought into the school and kept in the clinic (ORC 3313.718).

### EMERGENCY CONTACTS

NAME	RELATIONSHIP	PHONE NUMBER
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NAME	RELATIONSHIP	PHONE NUMBER
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NAME	RELATIONSHIP	PHONE NUMBER
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### TRAINED STAFF MEMBERS

NAME	ROOM
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NAME	ROOM
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NAME	ROOM
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### EPI-PEN INSTRUCTION

**Any time you are getting ready to use an Epi-pen on student, 911 must be called!**

1. Form a fist around the auto-injector with the orange tip facing down. Do not put your thumb or finger over the orange tip. The orange tip is the end the needle comes out of.
2. Pull off blue activation cap. Failure to pull this off will cause the pen not to activate
3. Have student sit down if able to
4. Hold orange tip near outer thigh. This is the area that the medication will be given in.
5. Firmly jab into outer thigh through clothing (stay away from seams of jeans) until the auto-injector mechanism works (will hear a click noise}
6. Hold in place and count to 10. This enables the medication to get into the student.
7. Remove the EpiPen or EpiPen Jr. The orange tip will extend covering the needle.
8. Massage the injection area and count to 10.
9. Keep the child warm and calm. Stay with child at all times.
10. Note time of injection.
11. Send the used EpiPen or EpiPen Jr. to the Emergency Department with the child.

### AuviQ

1. Pull out of case and follow directions that are verbalized to you.