

**EMERGENCY ACTION PLAN**  
**ALLERGIES**

**Student's Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**School** \_\_\_\_\_ **Date** \_\_\_\_\_

**Allergy to:**

**Asthma:** \_\_\_\_\_ **Yes (high risk for severe reaction)** \_\_\_\_\_ **No**

**Summary of findings:**

**Student's signs and symptoms of a reaction:**

**SIGNS OF AN ALLERGIC REACTION INCLUDE:**

**Systems**

**Symptoms:**

- **Mouth/throat:** itching & swelling of the lips, mouth, or tongue/a sense of tightening in the throat, hoarseness, a 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", dizziness

The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation!

**\*ACTION PLAN FOR MAJOR REACTION\***

**See attached Treatment Authorization.**

1. Give epi-pen immediately. Directions for use attached to epi-pen.
2. DO NOT HESITATE TO CALL RESCUE SQUAD....CALL 911
3. Hospital of choice is:
4. Notify parents.

Developed: January 10, 2011

