<table>
<thead>
<tr>
<th>Student's Name:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy to:</td>
<td></td>
</tr>
<tr>
<td>(Be specific:</td>
<td>Include foods, bees, latex, etc.)</td>
</tr>
<tr>
<td>Asthmatic:</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>&quot;Children with asthma have a high risk for severe reaction&quot;</td>
<td></td>
</tr>
<tr>
<td>Date of last reaction:</td>
<td>Describe reaction seen:</td>
</tr>
<tr>
<td>Emergency contact information:</td>
<td></td>
</tr>
<tr>
<td>Mother:</td>
<td>Home #:</td>
</tr>
<tr>
<td>Father:</td>
<td>Home #:</td>
</tr>
<tr>
<td>Other Emergency Contact:</td>
<td>Home #:</td>
</tr>
<tr>
<td>Other Emergency Contact:</td>
<td>Home #:</td>
</tr>
</tbody>
</table>

**SIGNS OF AN ALLERGIC REACTION**
- Mouth: itching and swelling of the lips, tongue, and 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. *Any of the above symptoms can potentially progress to a life-threatening situation.)*

**ACTION FOR A MINOR REACTION** (usually localized hives or redness)

Please describe what a minor reaction looks like for this student: __________________________________________

For a minor reaction, treatment is: __________________________________________

Medication: __________________________________________ Dose: __________________________________________

Medication: __________________________________________ Dose: __________________________________________

(Benadryl or other medications needed for mild reaction needs to be provided to school with required documentation.)

Then call: Mother □ Father □ Other contact: __________________________________________

*IF CONDITION DOES NOT IMPROVE OR CONDITION WORSENS, FOLLOW STEPS FOR MAJOR REACTION BELOW.*

**ACTION FOR A MAJOR REACTION**

Describe what a major reaction looks like for this student: __________________________________________

(Example: "has difficulty breathing; feels like throat is closing")

If a severe reaction is suspected, treatment is: __________________________________________

EpiPen – 1 auto-injector

Medication: __________________________________________ Dose: __________________________________________

(Example: Benadryl liquid after EpiPen) (Example: 1.5 tsp)

Medication: __________________________________________ Dose: __________________________________________

(Any EpiPen, Benadryl, or other medication for a SEVERE reaction need to be provided to school with required documentation.)

**CALL 911 IF A SEVERE REACTION IS SUSPECTED OR WHEN EPIPEN IS GIVEN!**

Then call: Mother □ Father □ Other contact: __________________________________________

Original Date of Plan: __________________________________________

A copy of this plan has been provided to Transportation Services: Yes □ No □

Review Dates: 1. ___________________ 2. ___________________ 3. ___________________

Nurse Signature __________________________________________ Date ___________________

Parent Signature __________________________________________ Date ___________________

*Figure 23.5 ■ Allergy Action Plan.*