Allergy Action Plan	
ALLERGY TO:	Place Child's
Student's Name:D.O.B:Grade	Picture Here
Asthmatic Yes* No *High risk for severe reaction	
♦ SIGNS OF AN ALLERGIC REACTION ◆	
Systems: Symptoms: (Check most common reactions)	
 MOUTH THROAT* itching & swelling of the lips, tongue, or mouth itching and/or a sense of tightness in the throat, hoarseness, and hacking cough hives, itchy rash, and/or swelling about the face or extremities nausea, abdominal cramps, vomiting, and/or diarrhea shortness of breath, repetitive coughing, and/or wheezing 'HEART* itching & swelling of the lips, tongue, or mouth itching and/or a sense of tightness in the throat, hoarseness, and hacking cough hives, itchy rash, and/or swelling about the face or extremities nausea, abdominal cramps, vomiting, and/or wheezing "thready" pulse, "passing-out" 	
The severity of symptoms can quickly change. *All above symptoms can potentially progress threatening situation.	ss to a life-
◆ ACTION FOR MINOR REACTION ◆	
1. If only symptom(s) are:	
medication/dose/route	
If condition does not improve within 10 minutes, follow steps for Major Reaction below. ◆ ACTION FOR MAJOR REACTION ◆	
1. If ingestion/sting is suspected and/or symptom(s) are:	
giveIMN	MEDIATELY!
Then call:	
2. Rescue Squad (ask for advanced life support)	
DO NOT HESITATE TO CALL RESCUE SQUAD!	_

Parent's Signature______Date_____Doctor's Signature_______Date_____

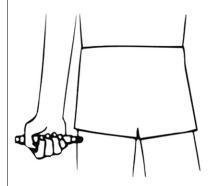
EMERGENCY CONTACTS	TRAINED STAFF MEMBERS
1.	1Room
Relation:Phone:2.	
Relation:Phone:3.	3Room
Relation:Phone:	

EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off gray activation cap.



2. Hold black tip near outer thigh (always apply to thigh).



3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and taken with you to the Emergency Room. Massage the injection area for 10 seconds.

