

**Allergy Action Plan and Individual Health Care Plan**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Bus: \_\_\_\_\_

Place  
Photo  
Here

ALLERGY TO: \_\_\_\_\_ Documented: \_\_\_\_\_ Date: \_\_\_\_\_ Suspected: \_\_\_\_\_

**STEP 1: TREATMENT (TO BE COMPLETED BY M.D.)****Symptoms:**

- |  |               |                 |
|--|---------------|-----------------|
| ❖ A food allergen has been ingested, but no symptoms:                        | o Epinephrine | o Antihistamine |
| ❖ Mouth Itching, tingling, or swelling of lips, tongue, mouth                | o Epinephrine | o Antihistamine |
| ❖ Skin Hives, itchy rash, swelling of the face or extremities                | o Epinephrine | o Antihistamine |
| ❖ Gut Nausea, abdominal cramps, vomiting, diarrhea                           | o Epinephrine | o Antihistamine |
| ❖ Throat* Tightening of throat, hoarseness, hacking cough                    | o Epinephrine | o Antihistamine |
| ❖ Lung* Shortness of breath, repetitive coughing, wheezing                   | o Epinephrine | o Antihistamine |
| ❖ Heart* Weak or thready pulse, low blood pressure, fainting, pale, blueness | o Epinephrine | o Antihistamine |
| ❖ Other* _____   | o Epinephrine | o Antihistamine |
| ❖ If reaction is progressing (several of the above areas affected) give:     | o Epinephrine | o Antihistamine |

\* Potentially life-threatening. The severity of symptoms can quickly change

**STEP 2: DOSAGE (TO BE COMPLETED BY M.D.)**

**Epinephrine:** inject intramuscularly (circle one) Epipen®, Epipen® Jr., Twinjet® 0.3 mg, Twinjet® 0.15 mg (see reverse side for instructions) **NOTE: the 2<sup>nd</sup> dose of Twinjet® must be administered by a health care provider.**

**Antihistamine:** Give \_\_\_\_\_  
Medication/dose/route (Please note: Benadryl will not be delegated on a field trip)

**Doctor's Signature:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_ **Date:** \_\_\_\_\_

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

**STEP 3: EMERGENCY CALLS (TO BE COMPLETED BY PARENT/GUARDIAN)**

1. Call 911: State: "Epipen® has been administered and additional epinephrine may be needed."

Home phone

Cell phone

Work phone

2. Call Mother/Legal Guardian: \_\_\_\_\_

3. Call Father/Legal Guardian: \_\_\_\_\_

4. \_\_\_\_\_:

5. \_\_\_\_\_:

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO TAKE CHILD TO MEDICAL FACILITY!

☐ I understand that Benadryl will not be delegated on a field trip.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_