

Complete and return to the school only if your child has a physician diagnosed allergy.  
**ALLERGY ACTION PLAN**

Student's Name \_\_\_\_\_ Address \_\_\_\_\_  
Date of birth \_\_\_\_\_ Teacher & Grade \_\_\_\_\_

Asthmatic?  No  Yes (associated with higher risk for severe reaction)

**Child's anaphylaxis (severe allergic reaction) triggers are:**

- |                                  |                                    |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Tree Nuts |
| <input type="checkbox"/> Milk    | <input type="checkbox"/> All Dairy |
| <input type="checkbox"/> Eggs    | <input type="checkbox"/> Shellfish |

Food Additives \_\_\_\_\_  
Insect Stings \_\_\_\_\_  
Medications \_\_\_\_\_  
Other \_\_\_\_\_

**Child's anaphylaxis symptoms are usually:**

- |   |   |
|---|---|
| <input type="checkbox"/> Swelling (eyes, lips, face, or tongue)                   | <input type="checkbox"/> Coughing or choking                |
| <input type="checkbox"/> Flushed face or body                                     | <input type="checkbox"/> Cold, clammy, sweaty skin          |
| <input type="checkbox"/> Difficulty breathing or swallowing                       | <input type="checkbox"/> Stomach cramps, diarrhea, vomiting |
| <input type="checkbox"/> Dizziness, confusion, fainting, or loss of consciousness |   |

Others (list) \_\_\_\_\_  
Unknown \_\_\_\_\_

**STEP 1: Treatment** \_\_\_\_\_

Epinephrine: Inject in the middle outer portion of the thigh  
Injector (Circle one): Twinject® 0.3 mg    Twinject® 0.15 mg    EpiPen®    EpiPen® Jr.

Other: \_\_\_\_\_

**Important:** Asthma inhalers and/or antihistamines cannot be depended upon to replace epinephrine during anaphylaxis.

**STEP 2: Emergency Calls**

Call 911 and tell the dispatcher that a child is having a life-threatening anaphylactic reaction.

Call Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

Call Parent/guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contacts:**

Name and relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name and relationship: \_\_\_\_\_ Phone \_\_\_\_\_

**If parent/guardian cannot be reached, do not hesitate to medicate or take child to medical facility!**

Parent/guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date \_\_\_\_\_