



Allergy Action Plan

Student: _____ Grade: _____ Date: _____

Allergic To: _____

Asthma: Yes (higher risk for severe reaction) No

NO SYMPTOMS but has ingested or been exposed to allergen:

- No medication
- Antihistamine: _____
- Other: _____

MINOR SYMPTOMS such as itching, rash, or hives:

- Antihistamine: _____
- Other: _____

MAJOR SYMPTOMS such as swelling of lips, tongue, and/or shortness of breath, difficulty swallowing, repetitive coughs, turns pale or blue:

- Antihistamine: _____
- Epinephrine: _____
- Call 911

Student may carry/self-administer rescue medication.

Parent Signature: _____ Physician Signature: _____