MT. BETHEL CHRISTIAN ACADEMY

2019-2020
Allergy Action Plan
To be completed by Physician

Student Name: _____ DOB:_____ Grade:_____

Allergic to: _____

Asthmatic: Yes*____ No_____ *Higher risk for severe reaction

STEP 1: TREATMENT

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

POTENTIALLY LIFE-THREATENING SYMPTOMS THAT CAN WORSEN QUICKLY

DOSAGE:

Epinephrine: inject intramuscularly (circle): EpiPen 0.3mg EpiPen Jr. 0.15mg
Auvi-Q 0.3mg Auvi-Q 0.15mg

OTHER: _____

STEP 2: EMERGENCY CALLS

1. ***Call 911*** **- State that an allergic reaction has been treated and additional Epinephrine may be needed.**
2. **Dr:_____Phone:_____**
3. **Emergency Contacts:**

Name/Relationship	**Phone Number(s)**	
a) _____	**1)_____**	**2) _____**
b) _____	**1)_____**	**2) _____**

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

Parent/Guardian Signature:_____ Date: _____

Doctor's Signature:_____ Date: _____
(Required)

MAIN CAMPUS K-8
4385 LOWER ROSWELL ROAD, MARIETTA, GA 30068

NORTH CAMPUS 9-12
2509 POST OAK TRITT ROAD, MARIETTA, GA 30062

P: 770.971.0245 • F: 770.971.3770 • WWW.MTBETHELCHRISTIAN.ORG