

ALLERGY ACTION PLAN

Student's Name: _____
 D.O.B.: _____
 Allergic to: _____
 School: _____
 Grade/Teacher: _____
 Asthmatic? No *Yes (*at higher risk for life threatening reaction)
 Bus Rider? No Yes _____



Bus Route/Shuttle _____

Date & Symptoms of Last Reaction: _____

Location of EPI Pen/Med: Student Backpack Clinic Classroom Other: _____

SIGNS OF AN ALLERGIC REACTION

- | | | | | | |
|----------------------|------------------------|---------------------|-----------------|-----------------------|---------------|
| MOUTH: | THROAT: | SKIN: | STOMACH: | LUNG: | HEART: |
| ▪ Tingling | ▪ Tightening of throat | ▪ Hives | ▪ Nausea | ▪ Shortness of breath | ▪ Weak pulse |
| ▪ Itching | ▪ Hoarseness | ▪ Itching, rash | ▪ Vomiting | ▪ Wheezing | ▪ Fainting |
| ▪ Swelling of lips | ▪ Hacking cough | ▪ Swelling of face | ▪ Diarrhea | ▪ Repetitive cough | ▪ Pale |
| ▪ Swelling of tongue | | ▪ Swelling of limbs | ▪ Cramps | | |

IF KNOWN ALLERGEN HAS BEEN INGESTED, BUT NO SYMPTOMS: _____

ACTION FOR MINOR REACTION

****If symptoms are:** _____
ADMINISTER: _____
 Medicine/Dose _____

ACTION FOR MAJOR REACTION

- **If symptoms are:** _____
- 1 IMMEDIATELY ADMINISTER EPINEPHRINE:** _____
ADMINISTER ANTIHISTAMINE: _____
Medicine/Dose _____
 - 2 CALL 911 (Request rescue squad, additional epinephrine & immediate transport to hospital.)**
 - 3 NOTIFY PARENTS**

EMERGENCY CONTACT NUMBERS

_____	_____	() _____	() _____
Name	Relationship to Child	Daytime Phone	Cell
_____	_____	() _____	() _____
Name	Relationship to Child	Daytime Phone	Cell
_____	_____	() _____	() _____
Name	Relationship to Child	Daytime Phone	Cell

Parent's/Guardian's Signature/Date: _____
 Student must sit at peanut-free table Student may sit at regular lunch table
 Check all that apply: Further accommodations must be made Meeting with school nurse/teacher requested
 Prescriber's Name & Phone: _____
 Prescriber's Signature/Date: _____

*Medications MUST be provided by the parent with the appropriate forms filled out.
 *If a special/substitute food is to be provided by the cafeteria, forms found on the WCS Food Service website must be filled out each year.
 *If you have any questions, please contact the District's school nurse at 330.335.1403.