

# Maclay School

## Individualized Student Allergy Action and Care Plan for 2023-2024 School Year

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

Grade Level: \_\_\_\_\_ Teacher/Homeroom: \_\_\_\_\_

**ALLERGY TO:** \_\_\_\_\_

Asthma Diagnosis (circle one)? Yes\* or No \*Higher risk for severe reactions

### STEP 1: TREATMENT – This section to be completed by PHYSICIAN authorizing treatment

#### Symptoms:

- If exposed to allergen, but **no symptoms:**
- Mouth: Itching, tingling, or swelling of lips, tongue, mouth
- Skin: Hives, itchy rash, swelling of the face or extremities
- Gut: Nausea, abdominal cramps, vomiting, diarrhea
- Throat †: Tightening of throat, hoarseness, hacking cough
- Lungs †: Shortness of breath, repetitive coughing, wheezing
- Heart †: Thready pulse, low blood pressure, fainting, pale, blueness
- Other †: \_\_\_\_\_

#### Give Checked Medications:

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| <input type="radio"/> Epinephrine | <input type="radio"/> Antihistamine |
| <input type="radio"/> Epinephrine | <input type="radio"/> Antihistamine |
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The severity of symptoms can quickly change. † Potentially life-threatening

### MEDICATION AND DOSAGE:

**Epinephrine:** Inject intramuscularly (circle one or list) EpiPen EpiPen Jr. Other: \_\_\_\_\_

**Antihistamine:** Give (medication/dose/route) \_\_\_\_\_

**Other:** Give (medication/dose/route) \_\_\_\_\_

### STEP 2: EMERGENCY CALLS

1. Call 911 – State that an allergic reaction has been treated and additional epinephrine may be needed. DO NOT HESITATE TO MEDICATE OR CALL 911 IF PARENT/GUARDIAN CANNOT BE REACHED.
2. Dr. \_\_\_\_\_ at \_\_\_\_\_
3. Emergency Contacts: Name/Relationship
  - 1) \_\_\_\_\_ primary number \_\_\_\_\_
  - 2) \_\_\_\_\_ primary number \_\_\_\_\_
  - 3) \_\_\_\_\_ primary number \_\_\_\_\_

LOCATION OF INTRAMUSCULAR EPINEPHRINE: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_