Severe Allergy Action Plan

Emergency Care Plan

Place Student's Picture Here

Name: _____ D.O.B.: / /

Allergy to: _____

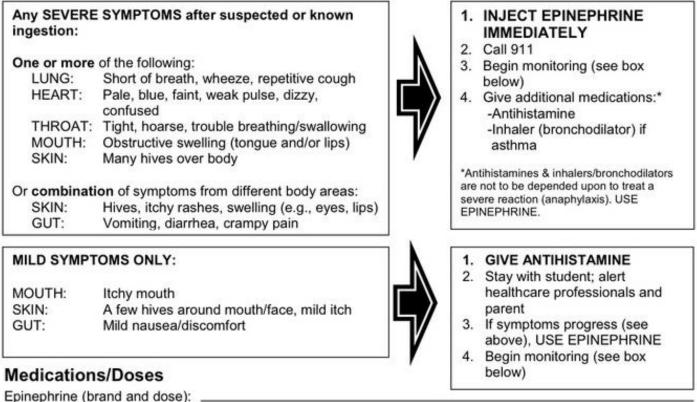
Weight: _____ lbs. Asthma: Ves (higher risk for a severe reaction) No

Extremely reactive to the following foods:

THEREFORE:

□ If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

□ If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.



Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic):

Monitorina

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

Parent/Guardian Signature

Date

Physician/Healthcare Provider Signature

Date

TURN FORM OVER Form provided courtesy of the Food Allergy & Anaphylaxis Network (www.foodallergy.org) 9/2011