



THOMAS COUNTY SCHOOLS Dr. Lisa Williams, Superintendent
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THOMAS COUNTY SCHOOLS ALLERGY/ANAPHYLAXIS ACTION PLAN

Date: _____

Name: _____ Age/DOB: _____

Allergy: ☐ Insect Sting ☐ Food ☐ Latex ☐ Medication

Food Allergies: _____

Other: _____

History of anaphylaxis: ☐ Yes ☐ No

History of asthma (high risk for severe reaction): ☐ Yes ☐ No

Other health problems besides anaphylaxis:

Other currently used medications:

Signs & Symptoms of Anaphylaxis

May appear anxious or express a sense of pending doom

MOUTH- itching, swelling of lips and/or tongue

THROAT- itching, tightness/closure, hoarseness

SKIN- itching, hives, redness, swelling

GUT- vomiting, diarrhea, cramps

LUNG- shortness of breath, cough, wheeze

HEART- weak pulse, dizziness, passing out

Only a few symptoms may be present. Severity of symptoms can change quickly.

**Some symptoms can be life-threatening -- ACT FAST!*

ADMINISTER EPINEPHRINE IMMEDIATELY if two or more of above symptoms are present or one symptom after a known allergen exposure.

EPINEPHRINE IS THE FIRST LINE OF TREATMENT!

What to do in order of importance:

1. ACT IMMEDIATELY: Inject Auto--Injectable Epinephrine in thigh
 - EpiPen Jr. (0.15mg)
 - EpiPen(0.3mg)
 - Other Auto--Injectable Epinephrine
2. Call 911 or Rescue Squad

3. After giving epinephrine, lay the person on his back and raise the legs, as respiratory status tolerates, until the ambulance arrives. Observe for signs of improvement.
4. If no improvement in 5--15 minutes, give a second dose of epinephrine.
5. Additional medications to be given:

IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS.

EMERGENCY CONTACT #1:

Name: _____

Phone: _____

Relationship: _____

EMERGENCY CONTACT #2:

Name: _____

Phone: _____

Relationship: _____

EMERGENCY CONTACT #3:

Name: _____

Phone: _____

Relationship: _____

Comments: _____

Parent/guardian permission to treat immediately:

Signature/Date: _____

Healthcare Provider Name: _____

Phone: _____

Signature/Date: _____

* This information is for general purposes and is not intended to replace the advice of a qualified health professional.

** This form was adapted from forms created by the Allergy & Asthma Network, Anaphylaxis Community Experts and the American Academy of Allergy, Asthma & Immunology.