

Waller Independent School District
Health Services: Allergy & Anaphylaxis Action Plan

Name: _____ Student ID: _____ DOB: ____/____/____

Allergy to: _____ Asthma: ☐ **Yes** (↑ risk for a severe reaction) ☐ **No**

MEDICATION(S)	SELF - ADMINISTRATION
To be completed by prescribing healthcare provider (HCP) only	
Epinephrine brand: Epinephrine dose: ☐ 0.15 mg IM ☐ 0.3 mg IM ☐ 1mg intranasally ☐ 2mg intranasally ☐ If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted and call 911. Antihistamine brand or generic: Oral antihistamine dose: Other (e.g. inhaler if wheezing):	I have assessed the student named above in appropriate medication administration. Based on my assessment, I recommend: ☐ allowing student self-transport/administration of epinephrine for the current school year. During my assessment the student verbalized the purpose of the medication, the time/circumstance to administer, and when to seek help from school staff. ☐ restricting permission to self-transport/administer inhaler. Medications will be stored in school clinic. ☐ other: _____

SYMPTOMS (mild to severe)		TREATMENT (as checked)	
WISD staff will administer medications as prescribed, contact 911 for epinephrine administration, and notify parents/guardians of action plan initiation (mild or severe response).			
Nose:	itchy/runny, sneezing	☐ epinephrine & 911	☐ antihistamine
Mouth:	itchy, tingling	☐ epinephrine & 911	☐ antihistamine
Mouth:	significant swelling of the tongue and/or lips	☐ epinephrine & 911	☐ antihistamine
Gut:	nausea/mild discomfort	☐ epinephrine & 911	☐ antihistamine
Gut:	repetitive vomiting, severe diarrhea, severe discomfort	☐ epinephrine & 911	☐ antihistamine
Throat:	Tight, hoarse, trouble breathing/swallowing or swelling	☐ epinephrine & 911	☐ antihistamine
Heart:	Pale, blue, faint, weak pulse, dizzy	☐ epinephrine & 911	☐ antihistamine
Lung:	short of breath, wheezing, repetitive cough	☐ epinephrine & 911	☐ antihistamine
Skin:	Few hives, mild itch	☐ epinephrine & 911	☐ antihistamine
Skin:	many hives over body, widespread redness	☐ epinephrine & 911	☐ antihistamine
Other:		☐ epinephrine & 911	☐ antihistamine
☐ Repeat epinephrine for symptoms lasting longer than _____ minutes after 1 st dose			

Printed name of HCP Signature of HCP Phone number Date

I agree with the recommendations of my child's HCP and authorize WISD staff to deliver treatment as outlined above. I also give permission for my child's HCP to communicate with appropriate WISD employees for the current school year.

Parent/Guardian Name Signature Phone number Date