ALLERGY ACTION PLAN
Use 1 form per child for each allergen

Student __________________________________________________________________

DOB_ _______________________ Teacher__________________________________

Allergy to ________________________________________________________________

Asthmatic?   Yes*   No  *Higher risk for severe reaction

Parents: Please send two epi-pens to school for each student who has an allergy because
we keep one in the dining hall and one with the nurse.

STEP 1 - Treatment
SEND STUDENT TO HEALTH OFFICE ACCOMPANIED BY RESPONSIBLE PERSON.

The severity of symptoms can quickly change. †Potentially life threatening.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Give checked Medication**</th>
</tr>
</thead>
<tbody>
<tr>
<td>♦ If a student has been exposed to/ingested an allergen but has NO symptoms:</td>
<td>Epinephrine  Antihistamine</td>
</tr>
<tr>
<td>♦ Mouth  Itching, tingling, or swelling of lips, tongue, mouth:</td>
<td>Epinephrine  Antihistamine</td>
</tr>
<tr>
<td>♦ Skin  Hives, itchy rash, swelling of the face or extremities:</td>
<td>Epinephrine  Antihistamine</td>
</tr>
<tr>
<td>♦ Gut  Nausea, abdominal cramps, vomiting, diarrhea:</td>
<td>Epinephrine  Antihistamine</td>
</tr>
<tr>
<td>♦ Throat†  Tightening of throat, hoarseness, hacking cough:</td>
<td>Epinephrine  Antihistamine</td>
</tr>
<tr>
<td>♦ Lung†  Shortness of breath, repetitive coughing, wheezing:</td>
<td>Epinephrine  Antihistamine</td>
</tr>
<tr>
<td>♦ Heart†  Thready pulse, low blood pressure, fainting, pale, blueness:</td>
<td>Epinephrine  Antihistamine</td>
</tr>
<tr>
<td>♦ Other†_ _____________________________________________________________</td>
<td>Epinephrine  Antihistamine</td>
</tr>
</tbody>
</table>

If reaction is progressing, (several of the above areas affected), give:

DOSAGE                  START DATE________________   END DATE___________________

Epinephrine: Inject intramuscularly. See next page for instructions.

☐ EpiPen®
☐ EpiPen® Jr.
☐ Twinject 0.3mg
☐ Twinject 0.15mg

Antihistamine: Give_ _____________________________________________________________ antihistamine/dose/route

Other: Give_ _________________________________________________________________ medication/dose/route

Special Instructions (for health care provider to complete): ________________________________

STEP 2 - EMERGENCY CALLS
PARAMEDICS MUST BE CALLED IF EPIPEN OR TWINJECT IS GIVEN. EPIPEN OR TWINJECT ONLY LAST
BETWEEN 15-20 MINUTES.

1. Call 911 (or Rescue Squad______________________). State that an anaphylactic reaction has been treated, type of treatment
given (i.e., EpiPen or Twinject) and that additional epinephrine may be needed.

2. Parents______________________________________ Tel_____________________

3. Physician______________________________________ Tel_____________________

Important: Asthma inhalers and/or antihistamines cannot be depended upon
to replace epinephrine in anaphylaxis.
EMERGENCY CONTACTS

1. __________________________________________  Relation: _______________________________
   Tel: ______________________________________

2. __________________________________________  Relation: _______________________________
   Tel: ______________________________________

3. __________________________________________  Relation: _______________________________
   Tel: ______________________________________

TRAINED STAFF MEMBERS

1. __________________________________________  Room: _________________________________

2. __________________________________________  Room: _________________________________

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.
  - Hold black tip near outer thigh (always apply to thigh).
  - Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions

- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.

SECOND DOSE ADMINISTRATION:
If symptoms don’t improve after 10 minutes, administer second dose:

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.

For children with multiple food allergies, use one form for each food.

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature ___________________________________________ Date: ______________________

Physician Signature ___________________________________________ Date: ______________________

(Required)