



ALLERGY ACTION PLAN NOT FOOD RELATED

ALLERGY TO: _____

Student's Name: _____ DOB: _____

Teacher: _____ Classroom: _____

SIGNS OF AN ALLERGIC REACTION INCLUDE:

MOUTH:	itching and swelling of the lips, tongue, or mouth
THROAT:	itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
SKIN:	Hives, itchy rash, and/or swelling about the face or extremities
GI TRACT:	Uncommonly-nausea, abdominal cramps, vomiting and/or diarrhea
LUNGS:	Shortness of breath, repetitive coughing, and/or wheezing
HEART:	Weak and "thread" pulse, "passing out"

The severity of symptoms can change quickly. All of the above symptoms can potentially progress to a life-threatening situation.

ACTION:

- If ingestion, exposure, or sting is suspected, give _____
(medication, dose, route)
and _____ immediately.
- Call 911 or local Emergency Medical Services
- Call: Mother _____ Father _____
Or Emergency Contacts
- Call Dr. _____ at _____

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL EMS EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED.

Parent/Guardian Signature

Date

Healthcare Provider's Signature

Date

Emergency Contacts (name and phone)

- _____
- _____
- _____

Trained Staff Members (name and room)

- _____
- _____
- _____