

School: _____

Grade: _____

School Year: _____

Greendale Schools ALLERGY ACTION PLAN

**Attach
child's
picture
here**

Student's Name: _____

Date of Birth: _____ Physician: _____

Allergy to: _____

Student has asthma? No Yes (higher risk for severe reaction)

For elementary students:

Do you want your child seated at the nut-free lunch table? Yes No, it's not necessary

FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS



LUNG

Short of breath, wheezing, repetitive cough



HEART

Pale, blue, faint, weak pulse, dizzy



THROAT

Tight, hoarse, trouble breathing/ swallowing



MOUTH

Significant swelling of the tongue and/or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.



- INJECT EPINEPHRINE IMMEDIATELY.**
- Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

Signature of Parent

_____ Date _____

Signature of Physician/Health Care Provider

_____ Date _____

MILD SYMPTOMS



NOSE

Itchy/runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea/ discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS / DOSES

Epinephrine Brand: _____

Epinephrine Dose: 0.15 mg IM 0.3 mg IM

Antihistamine Brand/Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing) _____

Medication will be kept in the school office?

Yes No (Elementary & Middle School Students are required to keep medications in office)

Self Carry & Self Administer Medication?

Yes * No (High School Students Only)

* Student will: take on field trips

take to any extracurricular activities **

It will be the parent's responsibility to be sure the student has all emergency medication available for sports events, clubs and/or extracurricular activities.

Emergency Medication Documentation

(This form is to be used by any staff member that is caring for a student while suffering an allergic reaction)

Student's Name: _____

Staff Member(s): _____ Date: _____

SYMPTOMS OF STUDENT (CIRCLE ALL THAT APPLY)

SEVERE ALLERGY SYMPTOMS
(anaphylaxis)
with suspected or known ingestion:



LUNG: Short of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing/swallowing
MOUTH: Significant swelling (tongue and/or lips)
SKIN: Many hives over body, widespread redness
STOMACH: Repetitive vomiting, severe diarrhea
OTHER: _____

MILD ALLERGY SYMPTOMS
with suspected or known ingestion



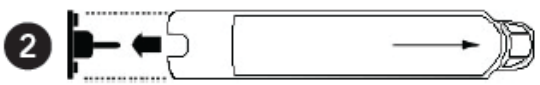
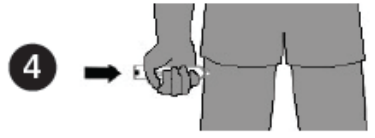
NOSE: Itchy/runny nose, sneezing
MOUTH: Itchy mouth
SKIN: A few hives, mild itch
STOMACH: Mild nausea/discomfort
OTHER: _____

Time	Type of Medication Administered	Location / Route Given	EMS Called (Time)	Parents Notified (Time)	Comments

* Medications would include; Epi Pen, Antihistamines and Inhalers

EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

- Remove the EpiPen Auto-Injector from the plastic carrying case.
- Pull off the blue safety release cap.
- Swing and firmly push orange tip against mid-outer thigh.
- Hold for approximately 10 seconds.
- Remove and massage the area for 10 seconds.

ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

- Remove the outer case.
- Remove grey caps labeled "1" and "2".
- Place red rounded tip against mid-outer thigh.
- Press down hard until needle penetrates.
- Hold for 10 seconds. Remove from thigh.

