

Woodridge Local School District

ALLERGY ACTION PLAN

Place
child's
picture
here

School Year: _____

Student's Name: _____ Date of birth: _____ Grade/Class: _____

ALLERGY:

_____ Latex

_____ Foods (list): _____

_____ Medications (list): _____

_____ Stinging Insects (list): _____

Asthmatic: YES* NO *High risk for severe reaction

Signs of an allergic reaction:

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

Systems:	Symptoms:
Mouth	Itching & swelling lips, tongue, or mouth
Throat	Itching and/or sense of tightness in the throat, hoarseness, and hacking cough
Skin	Hives, itchy rash, and/or swelling about the face or extremities
Gut	Nausea, abdominal cramps, vomiting, and/or diarrhea
Lung	Shortness of breath, repetitive coughing, and/or wheezing
Heart	Thready pulse, passing out

Action for Minor Reaction

If only symptom(s) are: _____

give _____.

Medication/Dose/Route

Then call:

_____ at _____
Parent/Guardian/Emergency Contact Phone Number

_____ at _____
Physician Phone Number

If condition does not improve within ten (10) minutes, follow steps for Major Reaction below.
Action for Major Reaction

If symptom(s) are: _____

give _____ IMMEDIATELY.

Then call:
911 Activate EMS

_____ at _____
Parent/Guardian/Emergency Contact Phone Number

_____ at _____
Physician Phone Number



Parent Signature _____ Date _____
Physician Signature _____ Date _____

PHYSICIAN: Please initial here _____ if STUDENT has been instructed on how to use Epi-pen and is able to self-administer; thus enabling the student to carry the Epi-pen on his/her person while at school.

PARENT/GUARDIAN AND STUDENT: Please initial here _____ to indicate that you have been instructed and if student self-administers Epi-pen will notify an adult school staff member to activate EMS.

- | | | | |
|----|-------|--------------|-------|
| 1. | _____ | _____ | _____ |
| | Name | Relationship | Phone |
| 2. | _____ | _____ | _____ |
| | Name | Relationship | Phone |
| 3. | _____ | _____ | _____ |
| | Name | Relationship | Phone |

Trained Staff Members

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| | Name | Room |
| 2. | _____ | _____ |
| | Name | Room |
| 3. | _____ | _____ |
| | Name | Room |
| 4. | _____ | _____ |
| | Name | Room |

EpiPen® and EpiPen® Jr. Directions	EPI-Pen Instruction
<ul style="list-style-type: none"> ▪ 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 ten (10) seconds. 	<ol style="list-style-type: none"> 1. Form a fist around the auto-injector with the black tip facing down. 2. Pull off gray activation cap. 3. Always give in the outer thigh muscle. 4. Firmly jab into outer thigh through clothing until the auto injector mechanism works. 5. Hold in place and count to ten (10). 6. Remove the Epi-Pen. 7. Massage the area for ten (10) seconds. 8. Call EMS and report the situation and inform that an allergy has been treated. 9. Keep the child warm and calm. 10. Note the injection time.

10/19/10