



## 2022-23 Allergy Care Plan

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Class: \_\_\_\_\_

Asthmatic? \_\_\_\_ Yes \_\_\_\_ No

Parent/Guardian's Names: \_\_\_\_\_

Parent/Guardian's Contact Info: \_\_\_\_\_

### Allergy: (check appropriate)

\_\_\_\_ Foods (list all that apply) \_\_\_\_\_

\_\_\_\_ Medications (list all that apply) \_\_\_\_\_

\_\_\_\_ Latex (circle the one that applies:)      Type 1 (anaphylaxis)      Type 2 (contact dermatitis)

\_\_\_\_ Stinging insects (list all that apply) \_\_\_\_\_

### If These Symptoms Occur:

### Then Give Checked Medication:

Mouth—Itching and swelling of the lips, tongue, mouth	____ Epinephrine	____ Antihistamine
Throat—tightening of throat, hoarseness, hacking cough	____ Epinephrine	____ Antihistamine
Skin—Hives, itchy rash or swelling of the face or extremities	____ Epinephrine	____ Antihistamine
Gut—Nausea, abdominal cramps, vomiting or diarrhea	____ Epinephrine	____ Antihistamine
Lungs—Shortness of breath, repeated coughing or wheezing	____ Epinephrine	____ Antihistamine
Heart—Thready pulse, low BP, fainting, pale, blueness	____ Epinephrine	____ Antihistamine
Neuro—Disorientation, dizziness, loss of conscience	____ Epinephrine	____ Antihistamine

\*If symptoms appear to be serious or medication is not helping, 911 will be called immediately.

### Medication(s) for school to administer:

Epinephrine: \_\_\_\_ EpiPen 0.3mg    OR    \_\_\_\_ EpiPen Jr. 0.15mg    Directions: \_\_\_\_\_

Antihistamine: (medication/Dose/Frequency) \_\_\_\_\_

Other (medication/Dose/Frequency) \_\_\_\_\_

*Please note: It is the responsibility of the parent/guardian to provide necessary medication.*

## Emergency Contacts

	Name	Relation	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

*I, the parent/guardian of the above named student, request this emergency action plan be used to guide allergy care for my child. I agree to:*

- 1. Provide necessary supplies and equipment, including EpiPen and other medications if prescribed.*
- 2. Notify the school of any changes in the student's health status.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_