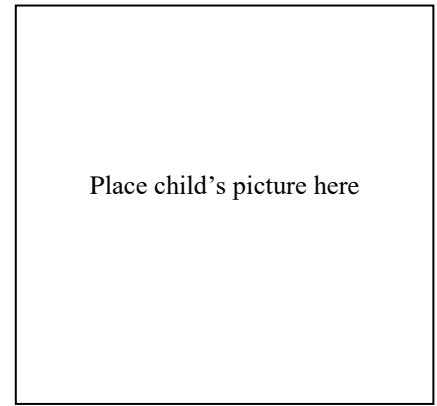


# ALLERGY ACTION PLAN

\*Complete one form for each allergy



CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

Asthmatic: No \_\_\_\_\_ Yes \_\_\_\_\_ (high risk for severe reaction)

## SOME SIGNS OF AN ALLERGIC REACTION

Systems:      Symptoms:

<b>MOUTH</b>	itching & swelling of lips, tongue, or mouth
<b>THROAT</b>	itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
<b>SKIN</b>	hives, itchy rash, and/or swelling about the face or extremities
<b>GUT</b>	nausea, abdominal cramps, vomiting, and/or diarrhea
<b>LUNG</b>	shortness of breath, repetitive coughing, and/or wheezing
<b>HEART</b>	"thready" pulse, "passing-out"

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

### **\*ACTION FOR MINOR REACTION\***

1. If only symptom(s) are: \_\_\_\_\_, give \_\_\_\_\_
2. Then call Parent 1: \_\_\_\_\_ phone: \_\_\_\_\_, Parent 2 \_\_\_\_\_ phone: \_\_\_\_\_,  
or emergency contacts: \_\_\_\_\_ phone \_\_\_\_\_ OR \_\_\_\_\_ phone \_\_\_\_\_
3. Call Dr. \_\_\_\_\_ phone: \_\_\_\_\_

If condition does not improve within 10 minutes, follow steps 1-4 below.

### **\*ACTION FOR MAJOR REACTION\***

1. If ingestion is suspected and/or symptoms are: \_\_\_\_\_,  
give \_\_\_\_\_ IMMEDIATELY!
2. **CALL 911.** Tell them what medications you have already administered. **DO NOT HESITATE TO CALL 911!**
3. Call Parent 1: \_\_\_\_\_ phone: \_\_\_\_\_, Parent 2 \_\_\_\_\_ phone: \_\_\_\_\_,  
or emergency contacts: \_\_\_\_\_ phone \_\_\_\_\_ OR \_\_\_\_\_ phone \_\_\_\_\_
4. Call Dr. \_\_\_\_\_ phone: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date