



**FOR OVERNIGHT TRIP**

Akron Children's Hospital has a partnership agreement with Kent City Schools to provide school health services and to optimize students' ability to learn



Place child's picture here

**Allergy Action Plan**

School Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**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 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

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**PLEASE SEE BACK OF FORM FOR REQUIRED PHYSICIAN SIGNATURE**

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.

**Emergency Contacts:**

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

**EPI-PEN INSTRUCTION**

1. Form a fist around the auto-injector with the black tip facing down. Do not put your thumb or finger over the black tip.
2. Pull off gray activation cap. (gray activation cap is needle end)
3. Always give in the outer thigh muscle. Hold black tip near outer thigh.
4. Firmly jab into outer thigh through clothing until the auto-injector mechanism works.
5. Hold in place and count to 10.
6. Remove the EpiPen or EpiPen Jr.
7. Carefully insert the needle end in the cap and place in plastic carry tube.
8. Massage the injection area and count to 10.
9. After using EpiPen or EpiPen Jr., call emergency medical squad and tell them that an allergy has been treated and state that epinephrine may be needed.
10. Keep the child warm and calm. Stay with child at all times.
11. Note time of injection.
12. Send the used EpiPen or EpiPen Jr. to the Emergency Department with the child.