



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.