# Allergy Response Plan

Student’s Name:

DOB:

Teacher/Class: School:

ALLERGY TO:

Attach Photo Here

**High risk for severe reaction** (e.g. hx asthma): Yes No

## General Signs of Severe Allergic Reaction:

Systems: Symptoms:

Mouth: Itching and swelling of lips, tongue or mouth

Throat\*: Itching and/or a sense of tightness in throat, hoarseness, and hacking cough Skin: hives, itchy rash, and/or swelling of 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”

Note: the severity of symptoms can change quickly.

\*These symptoms can potentially progress to a life-threatening situation.

## If Exposure to Allergen is Suspected and/or Symptoms are:

1. Give (medicine/dose/route) IMMEDIATELY!
2. Then call 911/EMS (ask for advanced life support) following school procedures for 911.
3. Call parent/guardian or emergency contacts.
4. Call Dr. at \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DO NOT HESITATE TO CALL 911!**

## Trained School Staff

1. Title Room

2. Title Room

3. Title Room

## Emergency Contacts (other than Parent/Guardian)

1. Phone:

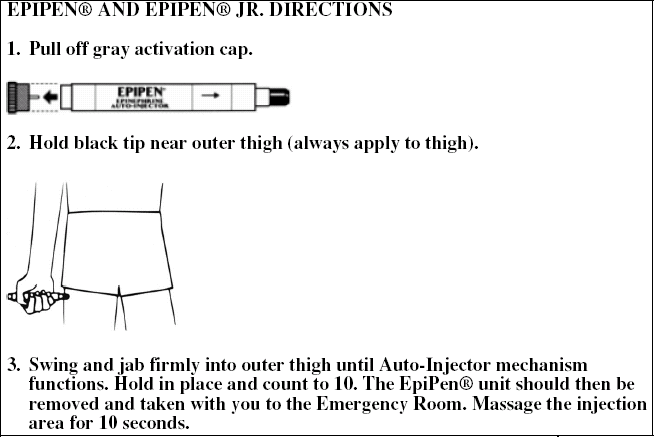
Relationship:

2. Phone:

Relationship:

Nurse’s signature: Date:

Parent/Guardian signature: Date:



(*Adapted from the Food Allergy and Anaphylaxis Network)*

Specific training on the Allergy Response Plan (including administration of epi-pen in an emergency if nurse is unavailable) to be given by school nurse to these school staff:

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