



Allergy Action Plan

Student: _____

DOB: _____

Allergy: _____

Step 1: Treatment

Symptoms

	If a food allergen has been ingested but no symptoms	___ Epinephrine	___ Antihistamine
MOUTH	Itching, tingling, or swelling of lips tongue, mouth	___ Epinephrine	___ Antihistamine
SKIN	Hives, itchy rash swelling of the face or extremities	___ Epinephrine	___ Antihistamine
GUT	Nausea, abdominal cramps, vomiting, diarrhea	___ Epinephrine	___ Antihistamine
THROAT*	Tightening of throat, hoarseness, hacking cough	___ Epinephrine	___ Antihistamine
LUNG*	Shortness of breath, repetitive coughing, wheezing	___ Epinephrine	___ Antihistamine
HEART*	Thready pulse, low blood pressure, fainting, pale, blueness	___ Epinephrine	___ Antihistamine
OTHER*	If reaction is progressing (several of the above areas affected): give	___ Epinephrine	___ Antihistamine

*Potentially life threatening, the severity of symptoms can quickly change.

DOSAGE:

Epinephrine: _____

Antihistamine: _____

Other: _____

Physician's Signature/Stamp

Date

Guardian/Parent Signature

Date