

PLACE
PICTURE
HERE

ALLERGY ACTION PLAN

School: _____ Grade: _____

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. **Asthma:** Yes (higher risk for a severe reaction) No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat severe reaction. USE EPINEPHRINE.

EXTREMELY reactive to the following foods: _____
THEREFORE: IF CHECKED give epinephrine immediately for ANY symptoms if the allergen was likely eaten
 IF CHECKED give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted

FOR ANY OF THE FOLLOWING:

SEVERE SYMPTOMS

LUNG

Short of breath, wheezing, repetitive cough

HEART

Pale, blue, faint, weak pulse, dizzy

THROAT

Tight, hoarse trouble breathing or swallowing

MOUTH

Significant swelling of the tongue and/or lips

SKIN

Many hives over body, widespread redness

GUT

Repetitive vomiting, severe diarrhea

OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A

COMBINATION of symptoms from different body areas.



1. ADMINISTER EPINEPHRINE IMMEDIATELY.

2. Call 911. Tell them the child is having anaphylaxis and may need epinephrine when they arrive.

- Administer additional medications following epinephrine:
 - Antihistamine (see box at right)
 - Inhaler (bronchodilator) if wheezing (see box at right)
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, give additional dose of epinephrine 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport them to ER even if symptoms resolve.

NYS PHYSICIAN STAMP / CONTACT INFO / PHONE / FAX / EMAIL / ADDRESS

[Empty box for NYS Physician Stamp and Contact Info]

FOR ANY OF THE FOLLOWING:

MILD SYMPTOMS

NOSE

Itchy/runny nose, sneezing

MOUTH

Itchy mouth

SKIN

A few hives mild itch

GUT

Mild nausea

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Administer Antihistamine as ordered.
2. Stay with the person; alert emergency contacts.
3. Watch Closely for changes, If symptoms worsen give epinephrine

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose : _____

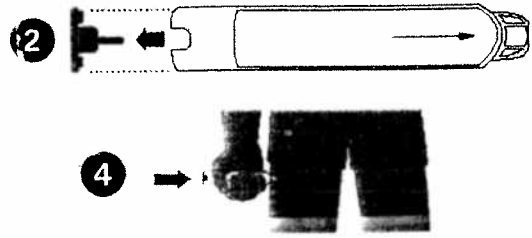
Inhaler Brand _____

Inhaler Dose: _____

PHYSICIAN SIGNATURE AND DATE

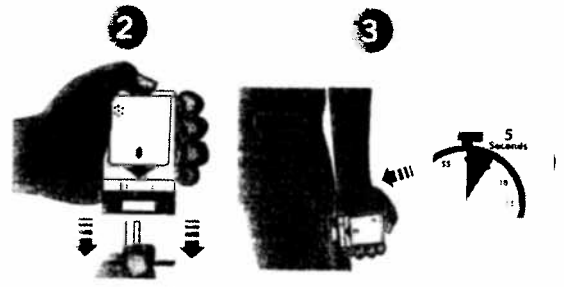
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



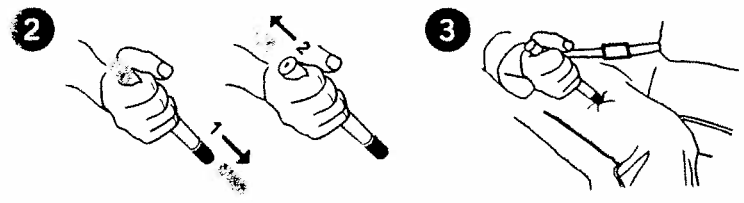
AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



TREAT THE PERSON BEFORE CALLING EMERGENCY CONTACTS. THE FIRST SIGNS OF A REACTION CAN BE MILD, BUT SYMPTOMS CAN WORSEN QUICKLY.

EMERGENCY CONTACTS — CALL 911

PARENT/GUARDIAN: _____ PHONE: _____
 OTHER NAME/RELATIONSHIP: _____ PHONE: _____

 PARENT SIGNATURE DATE

For NYC Residents:
 I understand that I am required to provide, attached to this form, proof of residency which will satisfy NYC Board of Education requirements. This includes the residency form, and a copy of my most recent Con Edison utility bill.
 Parent Signature: _____

 SCHOOL NURSE SIGNATURE DATE