Allergy Action Plan	
ALLERGY TO:	Place Child's
Student's Name:D.O.B:Grade	Picture Here
Asthmatic Yes* No *High risk for severe reaction	
♦ SIGNS OF AN ALLERGIC REACTION ◆	
Systems: Symptoms: (Check most common reactions)	
<ul> <li>MOUTH itching &amp; swelling of the lips, tongue, or mouth itching and/or a sense of tightness in the throat, hoarseness, and hacking cough hives, itchy rash, and/or swelling about the face or extremities nausea, abdominal cramps, vomiting, and/or diarrhea shortness of breath, repetitive coughing, and/or wheezing "thready" pulse, "passing-out"</li> </ul>	
The severity of symptoms can quickly change. *All above symptoms can potentially progress to threatening situation.	a life-
◆ ACTION FOR MINOR REACTION ◆	
1. If only symptom(s) are:	
2. Call Mother/Father at	
If condition does not improve within 10 minutes, follow steps for Major Reaction below.  ◆ ACTION FOR MAJOR REACTION ◆	
1. If ingestion/sting is suspected and/or symptom(s) are:	
givemedication/dose/route	DIATELY!
Then call:	
2. Rescue Squad (ask for advanced life support)	
3. Call Mother/Father at	
DO NOT HESITATE TO CALL RESCUE SQUAD!	

Parent's Signature\_\_\_\_\_\_\_Date\_\_\_\_\_\_Doctor's Signature\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_