

# Allergy Action Plan for Mitchell Road Christian Academy

Student's Name \_\_\_\_\_ Goes by \_\_\_\_\_ D.O.B. \_\_\_\_\_

Insert  
Child's  
Picture

Teacher/Grade \_\_\_\_\_ Weight \_\_\_\_\_ lbs

Risk of anaphylaxis to the following allergens: \_\_\_\_\_

Extremely reactive to the following allergens: \_\_\_\_\_

THEREFORE:

- If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.
- If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:

## SEVERE SYMPTOMS



### LUNG

Shortness of breath, wheezing, repetitive cough



### HEART

Pale or bluish skin, faintness, weak pulse, dizziness



### THROAT

Tight or hoarse throat, trouble breathing or swallowing



### MOUTH

Significant swelling of the tongue or lips



### SKIN

Many hives over the 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.**
  - Consider giving additional medications following epinephrine:
    - » Antihistamine (if able to swallow)
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat and raise legs. 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, more doses of epinephrine can be given about 5 minutes or more after the last dose.**
  - Alert emergency contacts.
  - Transport patient to the ER, even if symptoms resolve.

## MILD SYMPTOMS



### NOSE

Itchy or runny nose, sneezing



### MOUTH

Itchy Mouth



### SKIN

A few hives, mild itch



### GUT

Mild nausea or discomfort

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

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

1. Antihistamines may given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

## MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine:  0.15 mg IM     0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_mg (Chewable tablet will be administered)

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ (Required) Date \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Cell Number \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Cell Number \_\_\_\_\_

Emergency Contact: Name/Relationship \_\_\_\_\_ Cell Number \_\_\_\_\_

**PLEASE COMPLETE THIS STATEMENT ONLY IF STUDENT IS TO SELF-ADMINISTER**

Student's Name \_\_\_\_\_ Goes by \_\_\_\_\_ D.O.B. \_\_\_\_\_

I have seen this child and agree with all of the information provided on this authorization form. This student is allowed to self-administer this medication in the classroom and any area of the school or school grounds, at a school-sponsored activity, and to and from a school-sponsored activity and understands the implications of doing so. He/she has demonstrated competency in self-monitoring and self-administration of this medication. The parents are aware that they cannot hold Mitchell Road Christian Academy responsible for the adverse outcome of this action.

Doctor's Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Office Address \_\_\_\_\_ Office Phone \_\_\_\_\_

