



## MISD Allergy/Anaphylaxis Action Plan

Student's Name: \_\_\_\_\_ ID# \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_  Asthmatic or History of Asthma

<b>Epi Pen Qty:</b>	<b>Location:</b>	<input type="checkbox"/> Clinic	<input type="checkbox"/> Trainer/Coach	<input type="checkbox"/> On his/her person
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**Medication Treatment for Allergic Reaction:**

<input type="checkbox"/>	Antihistamine _____ mg	
Special Instructions:		
<input type="checkbox"/>	Epinephrine Injection _____ mg	
Special Instructions:		

**Action Plan for Exposure:**

	<b>Mouth:</b> Itching, tingling, or swelling of lips, tongue, mouth	Epinephrine	Antihistamine
	<b>Skin:</b> Hives, itchy rash, swelling of the face or extremities	Epinephrine	Antihistamine
	<b>Gut:</b> Nausea, abdominal cramps, vomiting, diarrhea	Epinephrine	Antihistamine
❖	<b>Throat:</b> Tightening of throat, hoarseness, hacking cough	Epinephrine	Antihistamine
❖	<b>Lung:</b> Shortness of breath, repetitive coughing, wheezing	Epinephrine	Antihistamine
❖	<b>Heart:</b> Thready pulse, low blood pressure, fainting, pale	Epinephrine	Antihistamine
	<b>Other:</b>	Epinephrine	Antihistamine

❖ **Potentially life threatening**

**Action Plan for Minor Reaction:**

Exposure to allergen, but no symptoms	Epinephrine	Antihistamine
Have student resume activities if:		
Contact parent if:		

I hereby authorize \_\_\_\_\_ to carry and self administer his/her Epinephrine injection medication as prescribed while on school property or school related events.

I do **NOT** authorize \_\_\_\_\_ to carry and self-administer the above medication while on school property or school related events.

**Physician's Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

If a parent/guardian cannot be reached, do not hesitate to Call 911/EMS

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number

Emergency Contact Name

Number

Student Signature (if authorized to carry his/her Epi-Pen medication at school)

Date

Student Demonstrates knowledge of proper use, procedure and school policy regarding the responsibility of carrying medication on his/her person.

Nurse Signature

Date