NEW HYDE PARK-GARDEN CITY PARK UNION FREE SCHOOL DISTRICT

Allergy Action Plan

Student's Name: ______________________ Date of Birth: ______________

ALLERGY TO: ______________________________

Please note: The District recommends MEDICAL ALERT BRACELETS be worn by students with significant life-threatening allergies

Asthmatic: Yes ☐ No ☐

♦ STEP 1: TREATMENT ♦

Symptoms:		Give Checked Medications** **(To be determined by physician authorizing treatment)	Doctor Initial
▪ If allergen exposure/ingestion(known or suspected), but no symptoms		☐Epinephrine ☐Antihistamine	
▪ Mouth	Itching, tingling, or swelling of lips, tongue, and/or 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†	Weak or thready pulse, low blood pressure, fainting, pale, blueness	☐Epinephrine ☐Antihistamine	
▪ Other†	______________________	☐Epinephrine ☐Antihistamine	
▪ If reaction is progressing (several of the above areas affected), give:		☐Epinephrine ☐Antihistamine	

†Potentially life-threatening. The severity can change quickly

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen EpiPen Jr. Twinject 0.3mg Twinject 0.15mg
may repeat dose in no improvement after _____minutes

Antihistamine: give______________________________________
medication/dose/route/frequency

Other: give ______________________________________
medication/dose/route/frequency

Other: give ______________________________________
medication/dose/route/frequency

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis

♦ STEP 2: EMERGENCY CALLS ♦

1. If minor allergic reaction (ie: minor itching and/or mild hives) or at risk for allergic reaction,
   a)Call Parent at: ______________________
   b)Call Doctor at: ______________________
2. If major allergic reaction(ie: large amount of hives, throat swelling, cough, difficulty breathing, wheezing, vomiting diarrhea or symptoms progress after giving antihistamine),
   a)Call 911. State than an allergic reaction has been treated, and additional epinephrine may be needed.
   b)Call Parent at: ______________________
   c)Call Doctor at: ______________________

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED. DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY

Parent/Guardian's Signature______________________________ Date ______________

Doctor"s Signature______________________________ Date ______________

Doctor's Stamp: