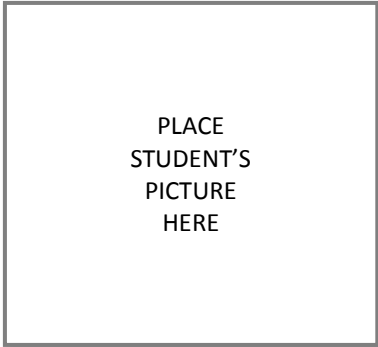


ALLERGY ACTION PLAN



School Year _____

Date of Birth _____ Grade _____

Student's Name _____

Student's Address _____

ALLERGY TO _____

Asthmatic* _____ **NO** _____ **YES** ***Higher risk for sever reaction**
Asthma inhalers and/or Benadryl cannot be depended on to replace epi-pen

FIELD TRIP PLAN

1. Give Benadryl, if part of doctor's order.
2. Observe student. If condition worsens, give epi-pen and call ambulance. State that an allergic reaction has occurred.
3. Call parent and make contact.
4. Continue observation of student until help arrives.

Student's Dr. _____ Phone _____

PARENT INFORMATION

Mother : _____ Phone #1 _____

#2 _____

Father: _____ Phone #1 _____

#2 _____

Emergency Contact: Name _____

Phone # _____ Relationship _____

SCHOOL NAME _____ PHONE _____