

# Allergy Action Plan

Student's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Teachers: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Asthmatic Yes\* \_\_\_\_\_ No \_\_\_\_\_ \*Higher risk for severe reaction

## \*Step 1: Treatment\*

### Symptoms:

### Give checked medication\*\*

(To be determined by physician authorizing treatment)

- If a food allergen has been ingested, but no symptoms:
  - Mouth Itching, tingling or swelling of lips, tongue, 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 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

The severity of symptoms can quickly change. †Potentially life threatening.

### Dosage

**Epinephrine:** inject intramuscularly (circle one) EpiPen    EpiPen Jr.    Auvi-Q    Other: \_\_\_\_\_

Antihistamine: give \_\_\_\_\_

Other: give \_\_\_\_\_

## \*Step 2: Emergency Calls\*

1. Call 911 (or Rescue Squad: \_\_\_\_\_). State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr. \_\_\_\_\_ at \_\_\_\_\_
3. Emergency contacts

Name/Relationship	Phone number (s)	
a. _____	1. _____	2. _____
b. _____	1. _____	2. _____
c. _____	1. _____	2. _____

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

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

Doctor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

required



## **First Presbyterian Church Preschool Program**

16 Leon Sullivan Way  
Charleston, West Virginia 25301  
Phone (681)205-1815 Fax (304) 343-8970  
[preschool@firstpresby.com](mailto:preschool@firstpresby.com)  
Preschool Director: Anne Moses  
Office Administrator: Erin Stone

Child's Name: \_\_\_\_\_

First Presbyterian Church Preschool Program is licensed by the State of West Virginia. As a part of licensing regulations and for the safety of all children, we are required to collect information regarding allergies and food restrictions for all of the students in our care. As a practice, we post this information in the classrooms to make sure that everyone on the staff is aware of the potential danger to children; and more importantly, to assure that we are taking the best care to ensure that children are kept free from harm.

\_\_\_ I give my permission for the Preschool Program to post information pertaining to allergies and other food and/or environmental restrictions for my child.

\_\_\_ I do not give the Preschool permission to post information pertaining to allergies and other food and/or environmental restrictions for my child.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature