

PLANO INDEPENDENT SCHOOL DISTRICT

ALLERGY ACTION PLAN

Student's Name: _____

Allergy to: _____

Date of Birth: _____ Grade _____ Teacher: _____

Asthmatic: Yes* *Higher risk for severe reaction
 No

Signs of an Allergic Reaction
MOUTH itching and swelling of the lips, tongue or mouth
THROAT itching and/or a sense of tightness in the throat, hoarseness
and hacking cough
SKIN hives, itchy rash, and/or swelling about the face or extremities
LUNG shortness of breath, repetitive coughing, and or/wheezing
HEART "thready" pulse, "passing out"
GUT nausea, abdominal cramps, vomiting, and/or diarrhea

The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation.

ACTION FOR MINOR REACTION:

- 1. If only symptom (s) are: _____
give _____
medication/dose/route
2. Call Mother: _____ Father: _____
or emergency contact _____

IF CONDITION DOES NOT IMPROVE WITHIN 10 MINUTES,
FOLLOW STEPS 1-3 OF ACTION FOR MAJOR REACTION

ACTION FOR MAJOR REACTION:

- 1. If ingestion is suspected, and/or symptom (s) are: _____
immediately give _____
medication/dose/route
2. Call EMS
3. Call Mother: _____ Father: _____
or emergency contact: _____

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL EMERGENCY MEDICAL
SERVICES EVEN IF PARENTS CANNOT BE REACHED.

Parent/Guardian's Signature

Doctor's Signature

Date

Doctor's Phone No.

Date