

# FHUSD ALLERGY ACTION PLAN

☒ McDowell Mtn.  
480-664-5201

☒ Middle School  
480-664-5402

☒ High School  
480-664-5501

**Student's**

**Name:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**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 <i>no symptoms</i> :         | ___ Epinephrine | ___ Antihistamine |
| * 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 |
| * Environmental allergies, any of the above                              | ___ 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. Twinject™ 0.3 mg Twinject™ 0.15 mg

**Antihistamine:** give \_\_\_\_\_  
medication/dose/route

**Other:** give \_\_\_\_\_  
medication/dose/route

***\*All medication is to be provided by a parent/guardian***

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

**STEP 2: EMERGENCY CALLS**

**1. Call 911.**

State that an allergic reaction has been treated, and additional epinephrine may be needed.

**\*\* In case of an emergency, I give permission for the health office or other school personnel to contact the following people:  Yes  No**

**2. Dr.** \_\_\_\_\_ Phone Number: \_\_\_\_\_

**3. Parents** \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

**4. Emergency contacts:**

**Name/Relationship Phone Number(s)**

a. \_\_\_\_\_ 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

b. \_\_\_\_\_ 1.) \_\_\_\_\_ 2.) \_\_\_\_\_ \*\*

***In case of an emergency, I give permission for the health office or other school personnel to contact the following people to take temporary custody of and responsibility for my child if parent or guardian cannot be reached.***

***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** \_\_\_\_\_