

Whitehall-Coplay School District
Allergy Action Plan ~ Severe Allergic Reaction



Student: _____ Date: _____
Teacher/Classroom: _____ Bus: _____
Allergy: _____

Signs of an Allergic Reaction

- Lungs:** *Shortness of breath, repetitive coughing, wheezing*
- Heart:** *Weak pulse, pale, blueness, fainting*
- Throat:** *Tightening, itching, hoarseness, hacking cough*
- Mouth:** *Itching, tingling, swelling of the lips, tongue, and mouth*
- Skin:** *Hives, itchy rash, swelling of face or extremities*
- Gut:** *Nausea, abdominal cramps, vomiting, diarrhea*

Other known symptoms: _____

<u>Treatment</u>	
Give:	_____
	(Medication/dose/route)
Give:	_____
	(Medication/dose/route)
Give:	_____
	(Medication/dose/route)

Emergency Calls

Call 911 if epinephrine has been given.

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

1. Parent/guardian: _____

2. Additional emergency Contacts: _____

3. Physician: _____

Parent/Guardian Signature: _____ Date: _____
Physician Signature: _____ Date: _____
School Nurse: _____ Date: _____

504 Plan: Yes No

School personnel informed: copies are distributed on a need to know basis:

- English teacher
- Math teacher
- Science teacher
- Social Studies teacher
- PE
- Art
- Library
- Music
- Cafeteria
- Guidance
- Office Personnel
- _____
- _____
- _____

Care Plans are updated yearly and/or throughout the school year as changes as needed.