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: ________________________________

Treatment

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.