

Dudley-Charlton Regional School District  
Emergency Health Care Plan  
Allergy Action Response

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

What Allergy Does the Child Have: \_\_\_\_\_

Is This Child at High Risk for <u>Severe Reaction</u> ?	Yes	No
Has This Child Ever Used an Epi-pen for Reaction:	Yes	No
Has This Child Ever Been Hospitalized for Allergy:	Yes	No
Is This Child Asthmatic:	Yes	No

Please Indicate Symptoms Child Develops:

1. Itching and swelling of the lips, tongue or mouth
2. Itching and/or a sense of tightness in the throat, hoarseness and hacking cough
3. Hives, itchy rash and/or swelling about the face or extremities
4. Nausea, abdominal cramps, vomiting and/or diarrhea
5. Shortness of breath, repetitive coughing and/or wheezing
6. "Thready" pulse, "passing out"

ALL ABOVE SYMPTOMS CAN POTENTIALLY PROGRESS TO A LIFE-THREATENING SITUATION.

ACTION PLAN

1. If child has been exposed to an allergen or ingestion is suspected with symptoms of: \_\_\_\_\_

Give: \_\_\_\_\_ immediately!

2. Medication to be kept at school (in order to be given):
  1. \_\_\_\_\_
  2. \_\_\_\_\_
3. Call 911, notify EMS of allergic reaction and Epi-pen Administration.
4. Call Parent/Guardian: \_\_\_\_\_ at: \_\_\_\_\_
5. Child must carry Epi-pen in fanny pack: \_\_\_ Bus only \_\_\_ At all times \_\_\_ Not needed
6. Child must be seated in second seat of bus behind driver if carrying a fanny pack.

We must have a physician's signature if the child has medication to be given for allergic reaction at school.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_