CARMEL UNIFIED SCHOOL DISTRICT- HEALTH SERVICES

ALLERGY ACTION PLAN
TO BE COMPLETED BY AN AUTHORIZED HEALTH CARE PROVIDER

STUDENT NAME:______________________________________________ DOB:____________________________________________________

PARENT/GUARDIAN:__________________________________ PHONE:____________________________________________________

OTHER EMERGENCY CONTACT:_________________________ PHONE:____________________________________________________

TREATING PHYSICIAN:_________________________________ PHONE:____________________________________________________

ALLERGY TO:__________________________________________________________________________________________________________________________

Asthmatic Yes ☐ No ☐

### Symptoms: | Give Checked Medication:
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If a food allergen has been ingested, but *no symptoms*: | 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
Digestive: 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*: Weak or thready pulse, low blood pressure, fainting, pale, blueness | Epinephrine  Antihistamine
Other: | Epinephrine  Antihistamine

*Potentially life-threatening. The severity of symptoms can quickly change.

### STEP 1: TREATMENT

**Epinephrine** (circle one) EpiPen  EpiPen Jr.  Auvi-Q 0.1mg  Auvi-Q 0.15mg  Auvi-Q 0.3mg

**Antihistamine** give:___________________________________________ medication/dose/route

### STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Contact Parents

Parent/Guardian’s Signature_________________________________________ Date________________________

Doctor’s Signature______________________________________________ Date________________________

Revised 8/13/18