

**Allergy  
(Non-Life Threatening)  
Emergency Action Plan**

**SY:**

Child's Name	DOB:
Parent's Name	Daytime Ph.No/Cell
	Daytime Ph.No/Cell
2 <sup>nd</sup> Contact	Daytime Ph.No/Cell
Doctor	Office No.:
Teacher:                      Grade:      Car#	School Nurse:
<b>Type of Allergy:</b>	

- Briefly describe what happens during an allergic reaction: \_\_\_\_\_  
\_\_\_\_\_.
- Did your health care provider tell you this is a life threatening allergy?     \_\_\_ Yes    \_\_\_ No
- What is the first thing you do when a reaction occurs? \_\_\_\_\_  
\_\_\_\_\_.
- How do you want school staff to proceed during a reaction? \_\_\_\_\_  
\_\_\_\_\_.
- What, if any, medication is required during a reaction? \_\_\_\_\_.  
(Anderson Creek Academy requires a completed "Request for Medication Administration at School" form prior to dispensing medication at school.)
- Has your child been to a physician or an emergency room due to a reaction? \_\_\_\_\_.
- If yes, please describe this event: \_\_\_\_\_  
\_\_\_\_\_.
- Does your child require medical attention after a reaction? \_\_\_\_\_.
- If food allergy, what has to happen for your child to react to the problem food?  
\_\_\_ Eating food    \_\_\_ Touching food    \_\_\_ Smelling food  
Other, please explain: \_\_\_\_\_.

Comments:

**This information may be shared with school personnel and emergency service providers as deemed necessary unless you state otherwise in writing. I agree to inform school staff of any changes in my child's health that would warrant change in this action plan.**

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

Procedure to be followed if child exposed to known source of allergy reaction:

- Take child immediately to the office
  - Administer any medication order by physician for allergies
  - Contact parents immediately
  - If beesting occurred, remove stinger if possible. Apply cold compress to site
- 
- Observe child for the following symptoms of anaphylaxis:
    - Skin- itching, burning, swelling of face or extremities
    - Mouth- itching, tingling or swelling of lips, tongue, mouth
    - Abdominal- nausea, abdominal cramps, diarrhea, vomiting
    - Throat- tightening of throat, hoarseness hacking cough \*\*\*
    - Lung- shortness of breath, repetitive coughing, wheezing \*\*\*
    - Heart- thready pulse, low blood pressure, fainting, pale, blueness \*\*\*

**\*\*\* Potentially Life threatening – CALL 911\*\*\***