Allergy Action Plan AIS-R

Name student: ____________________________________________ Grade: ___________

Allergic to: ________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Action Plan at school: ______________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Medication to be administered in case an allergy occurs:
Name of medication: ____________________________________________ dose: __________

After medication administered, the student will stay for at least ½ hour in the nurse’s office for observation. If student feels better and symptoms are subsiding, student may return to class.

If 2 or more of the following symptoms occur, the nurse will administer Benadryl syrup or capsule, age appropriate. (Benadryl is available in the nurse’s office)
Benadryl dose: ____________________________________________________________

<table>
<thead>
<tr>
<th>Body system</th>
<th>Symptoms:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth</td>
<td>Itching, tingling, or swelling of lips, tongue or mouth</td>
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<tr>
<td>Skin</td>
<td>Hives, itchy rash or swelling</td>
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<tr>
<td>Gut</td>
<td>Nausea, abdominal cramps, vomiting or diarrhea</td>
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<tr>
<td>Throat</td>
<td>Tightening of throat, hoarseness or hacking cough</td>
</tr>
<tr>
<td>Lung</td>
<td>Shortness of breath, coughing or wheezing</td>
</tr>
<tr>
<td>Heart</td>
<td>Weak pulse, dizziness, fainting, or pale or blue skin</td>
</tr>
<tr>
<td>Other</td>
<td>____________________________________________</td>
</tr>
</tbody>
</table>

After Benadryl administered, the student will stay for at least ½ hour in the nurse’s office for observation. If student feels better and symptoms are subsiding, student may return to class.

If symptoms worsen, parents will be informed and student will be transported to the nearest hospital.

The parents/guardians should provide antihistamine to be kept in the nurse’s office. The responsibility of providing medication is that of the parents/guardians of the student concerned.

________________________________ ________
Signature Parent/Guardian          Date

Mobile Father: ____________________________  Mobile Mother: ________________