

**ALLERGY TO:** \_\_\_\_\_

This Plan must be updated after 1 year or sooner if the child's condition, treatment plan or medication changes and when otherwise required.

CHILD'S NAME	DATE OF BIRTH
COMPLETED BY	DATE

## OTHER SIGNS OF AN ALLERGIC REACTION TO WATCH FOR:

SYSTEMS	SYMPTOMS
<b>Mouth</b>	itching and swelling of the lips, tongue, or mouth
<b>Throat*</b>	itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
<b>Skin</b>	hives, itchy rash, and/or swelling about the face or extremities
<b>Gut</b>	nausea, abdominal cramps, vomiting, and/or diarrhea
<b>Lung*</b>	shortness of breath, repetitive coughing, and/or wheezing
<b>Heart*</b>	"thready" pulse, "passing out"

Insert or attach photo of student

*The severity of symptoms can quickly change.*  
*\*All above symptoms can potentially progress to a life-threatening situation.*

## ACTION FOR MINOR REACTION

If only symptom(s) are: \_\_\_\_\_, give \_\_\_\_\_ medication / dose / route

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Then call Parent/Guardian or emergency contacts.

If condition does not improve within 10 minutes, follow steps below in ACTION FOR MAJOR REACTION.

## ACTION FOR MAJOR REACTION

If ingestion is suspected and/or symptom(s) are: \_\_\_\_\_, give \_\_\_\_\_ IMMEDIATELY!  
medication / dose / route

Then call:

- 911**
- Parent/Guardian or emergency contacts.

**DO NOT HESITATE TO CALL 911!**

PARENT/GUARDIAN SIGNATURE	DATE
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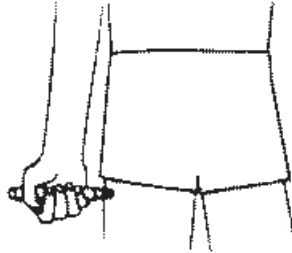
PHYSICIAN SIGNATURE	DATE
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## EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off blue safety cap.



2. Place orange tip on outer thigh (always apply to thigh).



3. Using a quick motion, press hard into thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and discarded. Massage the injection area for 10 seconds.

