

**WHITEFISH BAY SCHOOLS
LIFE THREATENING ALLERGY ACTION PLAN 2017-2018**

Student Name: _____ Date of Birth: _____
 School: _____ Grade/Teacher: _____

This student is at risk for a life-threatening allergic reaction: Yes _____ No _____
Allergic to: Peanuts _____ Tree Nuts _____ Eggs _____ Milk _____ Latex _____
Insect stings, specify _____ Medication, specify _____
Other allergens, specify _____

Circumstances reaction could occur: Skin contact _____ Ingestion _____ Inhalation _____

STEP 1: IDENTIFICATION OF SYMPTOMS

Symptoms:	Type of Medication to Give:
If exposed to allergen or ingested but no symptoms	___ Epinephrine, call 911 ___ Antihistamine
Mouth--itching, tingling, or swelling of lips, tongue, mouth	___ Epinephrine, call 911 ___ Antihistamine
Skin--hives, itchy rash, swelling of face or extremities	___ Epinephrine, call 911 ___ Antihistamine
Gut--nausea, abdominal cramps, vomiting, diarrhea	___ Epinephrine, call 911 ___ Antihistamine
Throat--tightening of throat, hoarseness, hacking cough	___ Epinephrine, call 911 ___ Antihistamine
Lung--Shortness of breath, repetitive coughing, wheezing	___ Epinephrine, call 911
Heart--Faint, pale, blueness around mouth or nails, weak pulse	___ Epinephrine, call 911
Other _____	___ Epinephrine, call 911
If reaction is progressing(several of the above areas affected)	___ Epinephrine, call 911

STEP 2: GIVE MEDICATIONS

Epinephrine: inject into outer thigh: ___ EPI-PEN ___ EPI-PEN JR. ___ ADRENALIN ___ AUVI-Q
***If Epinephrine is given, 911 must be called.** State that an allergic reaction has been treated, and additional epinephrine may be needed.

Antihistamine/other: give _____ (medication, amount and route)
 Notify parents Observe for increasing severity of symptoms Call 911 if needed

_____ This student has been trained in the appropriate use of their Epinephrine and is capable of carrying it. This student is aware of the danger of improper use or permitting any other person to use this medication. Whitefish Bay schools reserves the right to revoke this if deemed in the best interest of the student and those present as a result of behavioral issues or mismanagement.

_____ This student should NOT be carrying their epinephrine (not age/developmentally appropriate yet)

This action plan has been approved by
 Licensed Health Care Provider Signature _____ Date _____
 Parent/Guardian's Signature _____ Date _____