



AlLENDALE CHRISTIAN SCHOOL

STUDENT ALLERGY ACTION PLAN

Student Picture
(can be done by
parents or school)

Student's name: _____

Grade: _____ Teacher: _____

Allergic to: _____

MEDICATIONS ARE LOCATED IN: _____

SIGNS OF ALLERGIC REACTION (Please check those that pertain to your child)

Mouth – itching and swelling of lips, tongue or mouth

Throat* – itching and/or a sense of tightness in the throat, hoarseness, and
hacking cough

Skin – hives, itchy rash, and/or swelling about the face or extremities

Gut – nausea, abdominal cramps, vomiting and/or diarrhea

Lung* - Shortness of breath, repetitive coughing, and/or wheezing

Heart* - "thready" pulse, "passing-out"

OTHER - _____

ACTION FOR MINOR REACTION

1. Symptom(s): _____,

2. Actions(s): _____

3. Then call:

Mother at _____, or Father at _____

4. Follow steps for Major Reaction below if _____

ACTION FOR MAJOR REACTION

1. Symptom(s): _____

2. Action(s): _____ **IMMEDIATELY.**

3. Then call: **911**

4. Also call Mother at _____ Father at _____

Other important instructions: _____

Parent signature: _____

Date: _____