



School Year \_\_\_\_\_

### STUDENT ALLERGY ACTION PLAN (Insect, Food or Latex Allergy)

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher/Homeroom \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

**\*A Food Intolerance** means either the body can't properly digest the food that is eaten, or that a particular food might irritate the digestive system. Symptoms of food intolerance can include nausea, gas, cramps, belly pain, diarrhea, irritability or headaches.

**My child is NOT allergic, but has a food intolerance to:** \_\_\_\_\_

☐ Avoid at all times☐ Allow in small amounts☐ Don't restrict at school

My child's usual symptoms of food intolerance: \_\_\_\_\_

**\*A Food Allergy** happens when the body's immune system, which normally fights infections, sees the food as an invader. This leads to an allergic reaction which can cause symptoms like hives, vomiting, belly pain, throat tightness, hoarseness, coughing, breathing problems, or a drop in blood pressure. This can be life threatening.

### ALLERGY MANAGEMENT PLAN

**My child is allergic to:** \_\_\_\_\_

If your child has a latex allergy, should latex sources be removed from his/her school environment? ☐ Yes ☐ No

Check the symptoms your child has had during past allergic reaction(s):

☐ Hives.☐ Itching.☐ Tightness in Chest☐ Difficulty Breathing☐ Tongue Swelling☐ Dizziness.☐ Drop in Blood Pressure☐ Unconsciousness☐ Swelling at the site☐ Redness at the site

Other \_\_\_\_\_

If a reaction occurs, how soon does the reaction occur and what first aid measures are school personnel to take? \_\_\_\_\_

Does your child have Asthma:

☐ Yes (higher risk for a severe reaction) ☐ No

**Child's Weight:** \_\_\_\_\_ lbs.

Does your child require medication(s) for the allergy?

☐ Yes☐ No, What?

\*\*\*Medication Authorization Form needed\*\*\*

Does your child have an Epi Pen?

☐ Yes☐ No

Will your child keep an Epi Pen at School?

☐ Yes☐ No, Where? \_\_\_\_\_

\*\*\*If medication is required at school, a **Medication Authorization** form must be completed\*\*\*

\*\*\*If your child requires a special diet or food substitution related to his/her allergy, you **must** contact **School Nutrition** at (920)208-4587\*\*\*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR ANY OF THE FOLLOWING:  
**SEVERE SYMPTOMS**

**LUNG**

Short of breath,  
wheezing,  
repetitive cough

**HEART**

Pale, blue,  
faint, weak  
pulse, dizzy

**THROAT**

Tight, hoarse,  
trouble  
breathing/  
swallowing

**MOUTH**

Significant  
swelling of the  
tongue and/or lips

**SKIN**

Many hives over  
body, widespread  
redness

**GUT**

Repetitive  
vomiting, severe  
diarrhea

**OTHER**

Feeling  
something bad is  
about to happen,  
anxiety, confusion

**OR A  
COMBINATION**  
of symptoms  
from different  
body areas.



- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.

**MILD SYMPTOMS****NOSE**

Itchy/runny  
nose,  
sneezing

**MOUTH**

Itchy mouth

**SKIN**

A few hives,  
mild itch

**GUT**

Mild nausea/  
discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE  
SYSTEM AREA, GIVE EPINEPHRINE.**

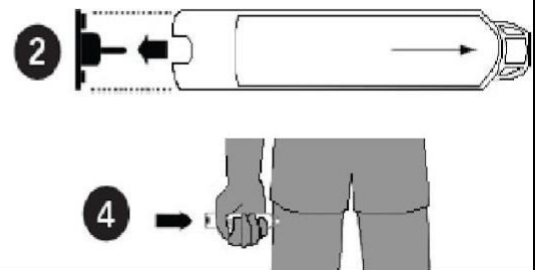
**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM  
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

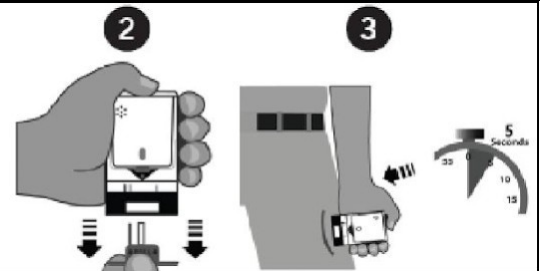
**NOTE: Do not depend on  
antihistamines or inhalers  
(bronchodilators) to treat a  
severe reaction. USE  
EPINEPHRINE!**

**EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS**

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.

**AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS**

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.

**HOW TO USE NEFFY® (EPINEPHRINE NASAL SPRAY)**

1. Remove neffy from packaging. Pull open the packaging to remove the neffy nasal spray device.
2. Hold device as shown. Hold the device with your thumb on the bottom of the plunger and a finger on either side of the nozzle. Do not pull or push on the plunger. Do not test or prime (pre-spray). Each device has only 1 spray.
3. Insert the nozzle into a nostril until your fingers touch your nose. Keep the nozzle straight into the nose pointed toward your forehead. Do not point (angle) the nozzle to the nasal septum (wall between your 2 nostrils) or outer wall of the nose.
4. Press plunger up firmly until it snaps up and sprays liquid into the nostril. Do not sniff during or after the dose is given. If any liquid drips out of the nose, you may need to give a second dose of neffy after checking for symptoms.
5. If symptoms don't improve or worsen within 5 minutes of initial dose, administer a second dose into the same nostril with a new neffy device.



*This information may be shared with the classroom teacher(s), bus driver, and other  
appropriate school personnel with a need to know.*

*foodallergy.org*