



# HEALTH SERVICES



*Healthy Children Learn Better. . . Health Services Make It Happen!*

District School Nurse  
(760) 868-5805 Phone  
(760) 868-5806 Fax

Snowline Joint Unified School District  
9558 Wilson Ranch Road  
P.O. Box 296000  
Phelan, CA 92329-6000

## ALLERGY ACTION PLAN

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

Student's Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Asthmatic ? \_\_\_ Yes \* \_\_\_ No  
(\*High Risk for severe reaction)

## SIGNS OF AN ALLERGIC REACTION

### Systems:

+MOUTH  
+THROAT\*  
+SKIN  
+GUT  
+LUNG\*  
+HEART\*

### Symptoms:

*Itching & swelling of the lips, tongue, mouth*  
*Itching and/or tightness in the throat, hoarseness, and hacking cough*  
*Hives, itchy rash, and/or swelling of face or extremities*  
*Nausea, abdominal cramps, vomiting, diarrhea*  
*Shortness of breath, repetitive coughing, wheezing*  
*"Thready" pulse, "passing out"*

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

## TREATMENT FOR MINOR REACTION

***If Symptoms are:*** Mouth, skin, or gut (see above)  
OR (specific to student): \_\_\_\_\_

- ACTION:**
1. Give: \_\_\_\_\_  
(medication, dose, route)
  2. Then call:  
 Mother: \_\_\_\_\_ cell: \_\_\_\_\_  
 Father: \_\_\_\_\_ cell: \_\_\_\_\_  
 OR Emergency Contact: \_\_\_\_\_
  3. Call District Nurse if meds ineffective and unable to reach emergency contacts.
  4. If condition does not improve within 10 minutes, FOLLOW STEPS FOR MAJOR REACTION.
- (OVER)

**TREATMENT FOR MAJOR REACTION**

**If Symptoms are:** All of the above and/or throat, lung, heart  
**OR** (specific to student): \_\_\_\_\_

- ACTION:**
1. Give \_\_\_\_\_  
(medication, dose, route)  
**IMMEDIATELY!!**
  2. Then call:  
  
911 Rescue Squad (ask for advanced life support)  
  
Mother: \_\_\_\_\_ cell: \_\_\_\_\_  
Father: \_\_\_\_\_ cell: \_\_\_\_\_  
**OR** Emergency contact: \_\_\_\_\_
  3. Call District Nurse at (radio #) \_\_\_\_\_
  4. Stay with student until relieved by EMS, School Administrator, or District School Nurse
  5. Give used Epi-Pen to EMS personnel.

**DO NOT HESITATE TO CALL RESCUE SQUAD!!**

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(please sign below to activate this Allergy Action Plan)

\_\_\_\_ **I WANT THIS INFORMATION SHARED WITH THE NECESSARY SCHOOL STAFF FOR MY CHILD'S SAFETY.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Doctor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR CHILDREN WITH MULTIPLE ALLERGIES, USE ONE FORM FOR EACH ALLERGY.**

**EMERGENCY CONTACTS:**

1. \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

2. \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

3. \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**TRAINED STAFF MEMBERS:**

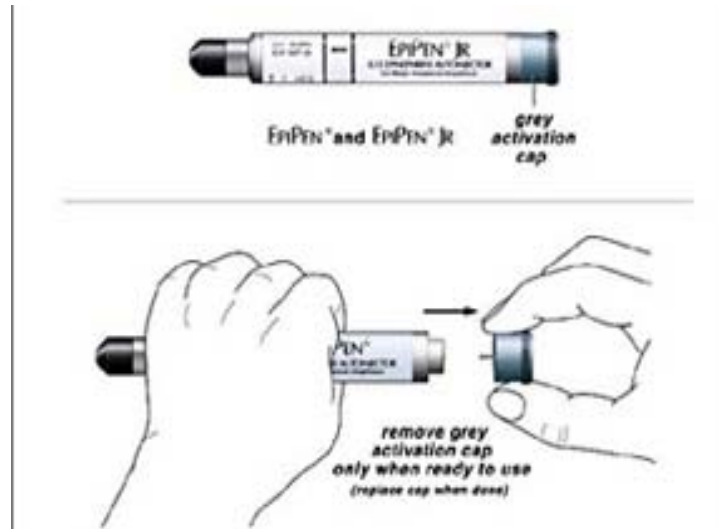
1. \_\_\_\_\_ **RM** \_\_\_\_\_

2. \_\_\_\_\_ **RM** \_\_\_\_\_

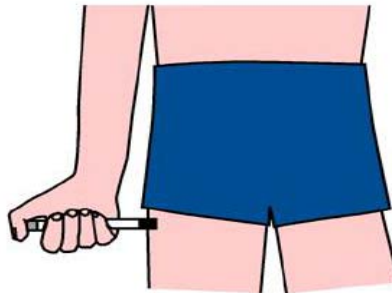
3. \_\_\_\_\_ **RM** \_\_\_\_\_

## ***EPIPEN DIRECTIONS:***

- 1. Pull off gray activation cap.**



- 2. Hold black tip near outer thigh.  
(always apply to thigh)**



- 3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The Epi-Pen unit should then be removed and the injection area massaged for 10 seconds.**