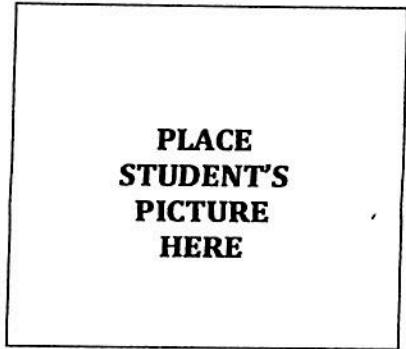


ALLERGY ACTION PLAN



School Year _____

Date of Birth _____ Grade _____

Student's Name _____

Student's Address _____

ALLERGY TO _____

Asthmatic* NO YES ***Higher risk for severe reaction**
Asthma inhalers and/or Benadryl cannot be depended on to replace epi-pen

FIELD TRIP PLAN

- Give Benadryl, if part of doctor's order
- Observe student. If condition worsens, give epi-pen and call ambulance
State that an allergic reaction has occurred
- Call parent and make contact
- Continue observation of student until help arrives

Student's Dr _____ Phone _____

PARENT INFORMATION

Mother: _____ Phone #1 _____

#2 _____

Father: _____ Phone #1 _____

#2 _____

Emergency Contact: Name _____

Phone # _____ Relationship _____

SCHOOL NAME _____ PHONE _____