ACCEPT
Education Collaborative

Transportation Department
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Allergy Action Plan

Student's Name: _____ Birth Date: _____
Address: _____
Emergency Contact Numbers: _____
School Attended: _____
Life Threatening ALLERGY to: _____Other Allergies: _____

☐ Peanuts/Tree Nuts: (name of tree nut) _____
☐ Latex: _____
☐ Medications: (name of medication) _____

Does this student have asthma? (higher risk of life threatening allergy) yes ☐ no ☐
Date of last reaction: _____

Please check below the specific symptoms this student has experienced in the past.

☐	MOUTH	Itching, tingling or swelling of the lips, tongue or mouth
☐	SKIN	Hives, itchy rash and/or swelling about the face and extremities
☐	THROAT	Sense of tightness in the throat, hoarseness and hacking cough
☐	GUT	Nausea, stomach ache/abdominal cramps, vomiting and/or diarrhea
☐	LUNG	Shortness of breath, repetitive coughing and/or wheezing
☐	HEART	"Thready" pulse, "passing out", fainting, blueness and pale skin
☐	GENERAL	Panic, sudden fatigue, chills, fear of impending doom
☐	OTHER	_____

Medication Prescribed
EpiPen (.03) ☐ EpiPen Jr (0.15) ☐ Repeat dose of EpiPen: YES☐ NO☐ If yes, when: _____

Allergy Action Plan

1. If you suspect a life threatening allergic reaction **administer Epinephrine and Call 911(DO NOT HESITATE to administer Epinephrine.) 911 MUST be called if Epinephrine is administered.**
2. Advise 911 dispatch that the student is having a life threatening allergic reaction and Epinephrine is being administered
3. Note time of administration: _____
4. Call the ACCEPT dispatcher and give your location. Dispatch will notify emergency contacts.

Does this student recognize symptoms that indicate a severe life threatening allergy? Yes☐ No☐
Student may administer EpiPen Yes☐ No☐
Order good for full school year (Sept 2016 through Aug 2017)

Licensed Health Professional's Signature: _____ Phone #_____ Date: _____
Licensed Health Professional's Printed Name: _____ Fax #_____

I accept the above plan and give my permission for an EpiPen to be administered to my child in a life threatening emergency. Parent/Guardian Signature: _____ Date: _____