

**PLANO INDEPENDENT SCHOOL DISTRICT
ALLERGY ACTION PLAN**

Student's Name: _____

Allergy to: _____

Date of Birth: _____ Grade _____ Teacher: _____

Asthmatic: Yes* *Higher risk for severe reaction
 No

I have instructed _____ (student's name) in the proper way to use his/her Epipen/Twinjet. It is my professional opinion that _____ (student's name) should be allowed to carry and self-administer his/her Epipen/Twinjet while on school property or at school-related events.

I, the parent of _____ (student's name) agree with his/her physician to allow _____ (student's name) to carry his/her Epipen/Twinjet. Upon doing this, I realize that the school clinic will not have his/her personal Epipen/Twinjet unless I supply the school with an extra one in case my child forgets his/hers.

For Self - Administration Only

Does this student have physician permission to self-administer this medication and to carry this medication on himself/herself?

Yes ___ No ___

Has this student been trained in the signs and symptoms of minor and major reactions? Yes ___ No ___

Is this student capable of self-administering EpiPen/Twinjet? Yes ___ No ___

Can this be safely self-administered in the school setting? Yes ___ No ___

Does this student need the supervision of a designated adult? Yes ___ No ___

Has the student been trained in the self-administration of the EpiPen/Twinjet? Yes ___ No ___

Nurse Signature _____

Signs of an Allergic Reaction

MOUTH..... itching and swelling of the 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

LUNG shortness of breath, repetitive coughing, and or/wheezing

HEART "thready" pulse, "passing out"

GUT nausea, abdominal cramps, vomiting, and/or diarrhea

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

ACTION FOR MINOR REACTION:

1. If only symptom (s) are: _____
give _____

medication/dose/route

2. Call Mother: _____ Father: _____
or emergency contact _____

**IF CONDITION DOES NOT IMPROVE WITHIN 10 MINUTES,
FOLLOW STEPS 1-3 OF ACTION FOR MAJOR REACTION**

ACTION FOR MAJOR REACTION:

1. If ingestion is suspected, and/or symptom (s) are: _____
immediately give _____

medication/dose/route

2. Call EMS

3. Call Mother: _____ Father: _____
or emergency contact: _____

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL EMERGENCY MEDICAL
SERVICES EVEN IF PARENTS CANNOT BE REACHED.**

Parent/Guardian's Signature

Doctor's Signature

Date

Doctor's Phone No.

Date