



# Anaphylaxis Action Plan

## *Newman International Academy*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Room: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Phone Contact #1 \_\_\_\_\_  
Name Relationship Phone

Emergency Phone Contact #2 \_\_\_\_\_  
Name Relationship Phone

Physician Treating Student for Allergies: \_\_\_\_\_  
Name Phone

Allergies: Pollen Medications Food Insects Other/Specify: \_\_\_\_\_

### Symptoms of Anaphylaxis

Mouth	Itching, swelling of lips and/or tongue
Throat	Itching, tightness/closure, hoarseness
Skin	Itching, hives, redness, swelling
Gastro	Vomiting, diarrhea, cramps
Lungs	Shortness of breath, cough, wheeze
Heart	Weak pulse, dizziness, passing out

Only a few symptoms may be present. Severity of symptoms can change quickly.  
Some symptoms can be life-threatening. ACT FAST!

### **EMERGENCY PLAN**

- Inject epinephrine in thigh using (Check one):
  - EpiPen Jr (0.15 mg)
  - EpiPen (0.3 mg)
  - Other: \_\_\_\_\_

**IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS**

- Call 911 (before calling emergency contact)
- Call Emergency contact

### **REQUIRED SIGNATURE**

I give permission for school personnel to follow this plan, administer medication and care for my child and contact my provider if necessary. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Anaphylaxis Action Plan for my child for the \_\_\_\_\_ - \_\_\_\_\_ school year.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Date