

For Clinic Office Use Only
 Date: _____ Reviewed By: _____
 Epinephrine Expiration: _____

Student's Name: _____

Summer 2024



Allergic Reaction Care Plan

DOB: _____

Grade (2024-2025) _____

Allergic to: _____

Asthma: Yes No

Previous Anaphylaxis: Yes No

Check symptoms student has had with past reactions:		
<input type="checkbox"/> Swelling of eyes, face, lips, throat, tongue	<input type="checkbox"/> Skin flushing or extreme paleness	<input type="checkbox"/> Rapid or weak pulse
<input type="checkbox"/> Red, raised rash anywhere on body	<input type="checkbox"/> Blueness around mouth	<input type="checkbox"/> Hoarseness
<input type="checkbox"/> Difficulty in breathing	<input type="checkbox"/> Absence of breathing	<input type="checkbox"/> Tightness in chest
<input type="checkbox"/> Itching with or without hives	<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Nausea
<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Sense of impending disaster	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Difficulty in swallowing	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Fainting	<input type="checkbox"/> Other:

If above symptoms occur, the Student should be treated with the following without delay:

Treatment: Please check the appropriate boxes and sign below.

Student is to carry Epipen/Twinject/Auvi-Q with backup in the Clinic.

Student is not to carry Epipen/Twinject/Auvi-Q.

Give Benadryl liquid. Check appropriate dose: 2.5MG 25MG 50MG

Give epinephrine auto-injector (Epipen/ Twinject/ Auvi-Q). Check appropriate dose: 0.15mg 0.30mg
 A second dose of epinephrine may be given in 20 minutes if needed and available. Yes No

Call 911, then call parents listed below.

Other:

Parent/Guardian (call first)

Name _____

Phone _____

Parent/Guardian (call second)

Name _____

Phone _____

Emergency Contacts (contacted only if unable to reach both parents)

Name _____

Phone _____

Name _____

Phone _____

Parent Signature _____ Date _____