

Allergy Action Plan AIS-R

Name student: _____ Grade: _____

Allergic to: _____

Action Plan at school: _____

Medication to be administered in case an allergy occurs:
Name of medication: _____ dose: _____

After medication administered, the student will stay for *at least* ½ hour in the nurse's office for observation. If student feels better and symptoms are subsiding, student may return to class.

If 2 or more of the following symptoms occur, the nurse will administer Benadryl syrup or capsule, age appropriate. (Benadryl is available in the nurse's office)

Benadryl dose: _____

Body system:	Symptoms:
Mouth.....	Itching, tingling, or swelling of lips, tongue or mouth
Skin.....	Hives, itchy rash or swelling
Gut.....	Nausea, abdominal cramps, vomiting or diarrhea
Throat.....	Tightening of throat, hoarseness or hacking cough
Lung.....	Shortness of breath, coughing or wheezing
Heart.....	Weak pulse, dizziness, fainting, or pale or blue skin
Other.....	_____

After Benadryl administered, the student will stay for *at least* ½ hour in the nurse's office for observation. If student feels better and symptoms are subsiding, student may return to class.

If symptoms worsen, parents will be informed and student will be transported to the nearest hospital.

The parents/guardians should provide antihistamine to be kept in the nurse's office. The responsibility of providing medication is that of the parents/guardians of the student concerned.

Signature Parent/Guardian

Date

Mobile Father: _____

Mobile Mother: _____