

# Upton Lake Christian School

P.O. Box 63, Clinton Corners, NY 12514

Phone: 845-266-3497

www.uptonlake.com

## Severe Allergy Action Plan Form

ALLERGIC TO: \_\_\_\_\_

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_

Asthmatic: (circle) YES NO High risk for a severe reaction? YES NO

### ❖ SIGNS OF AN ALLERGIC REACTION

#### Systems:

MOUTH

THROAT

SKIN

GUT

LUNG

HEART

#### Symptoms:

Itching and swelling of the lips, tongue, or mouth

Itching and/or a sense of tightness in the throat, hoarseness, and hacking cough

Hives, itchy rash, and/or swelling about the face or extremities

Nausea, abdominal cramps, vomiting, and/or diarrhea

Shortness of breath, repetitive coughing, and/or wheezing

"Thready" pulse, "passing – out"

- ❖ 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)

#### *Then Call:*

2. Mother \_\_\_\_\_ @ \_\_\_\_\_, Father \_\_\_\_\_

@ \_\_\_\_\_, or emergency contacts.

3. Dr. \_\_\_\_\_ at \_\_\_\_\_

### ACTION FOR MAJOR REACTION

1. If ingestion is suspected and/or symptom(s) are: \_\_\_\_\_

give \_\_\_\_\_ IMMEDIATELY!

#### *Then Call:*

2. 911 Rescue Squad (ask for Life Support) DO NOT HESITATE TO CALL 911

Mother \_\_\_\_\_ @ \_\_\_\_\_, Father \_\_\_\_\_

@ \_\_\_\_\_ or emergency contacts.

4. Dr. \_\_\_\_\_ @ \_\_\_\_\_

PARENT's SIGNATURE \_\_\_\_\_ DOCTOR's SIGNATURE \_\_\_\_\_

Date: \_\_\_\_\_