

ROUND TOP-CARMINE SCHOOL ANAPHYLAXIS ACTION PLAN

Patient's Name: _____

Allergy To: _____

Physician Seeing Student for Allergies: _____

Immunotherapy: YES NO

Asthmatic: YES NO

Emergency Medication: _____

When to use emergency medication:

Signs and Symptoms can include:

- Tingling lips and mouth and/or change of voice
- Flushing of face and body, red and/or water nose
- Itchy eyes, nose, face or any part of body
- Vomiting or diarrhea
- Angioedema and/or throat swelling
- Hives
- Wheezing and/or difficulty breathing

Must call 911 or EMS if EpiPen has been administered

Other medications:

Name: _____

Purpose: _____

Dosage: _____

When to Use: _____

Additional Instructions: _____

The student and/or parent/guardian have been instructed in the proper way to use his/her EpiPen. It is my professional opinion that he/she should be allowed to carry or keep at the nurse's office, and use the prescribed medication while at school or school related events.

Physician

Date

Parent

Date

School Nurse

Date