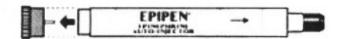
| ALLERGY TO: Student's Name: D.O.B: Teacher: Asthmatic Yes* No *High risk for severe reaction SIGNS OF AN ALLERGIC REACTION Systems: Symptoms: **MOUTH* THROAT* THROAT* THOAT* SKIN How, itching and/or a sense of tighiness in the throat, hoarseness, and hacking cough hives, itchy rash, and/or swelling about the face or extremities nausea, abdominal cramps, vomiting, and/or diarrhea shortness of breath, repetitive coughing, and/or wheezing *HEART* The severity of symptoms can quickly change. *All above symptoms can potentially progress to a lathreatening situation. ACTION FOR MINOR REACTION Then call: Mother Then call: | | Allergy Action Plan | Service of the Property of the Service |
|---|----------------------------|--|--|
| Student's Name: | ALLEDOV | ro. | Place Child's |
| Asthmatic Yes* No *High risk for severe reaction SIGNS OF AN ALLERGIC REACTION Systems: *MOUTH | ALLERGI | 10 | Picture |
| Asthmatic Yes* No | Student's | | Here |
| SIGNS OF AN ALLERGIC REACTION ◆ Systems: Symptoms: -MOUTH | Name: | D.O.B:Teacher: | |
| Systems: Symptoms: *MOUTH *THROAT* *SKIN *SKIN *SKIN *HEART* *HEART* *The severity of symptoms can quickly change. *All above symptoms can potentially progress to a latheratening situation. *ACTION FOR MINOR REACTION 1. If only symptom(s) are: | Asthmatic Y | es* No *High risk for severe reaction | |
| MOUTH 'THROAT* itching & swelling of the lips, tongue, or mouth 'THROAT* 'SKIN 'SKIN 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 'HEART* The severity of symptoms can quickly change. *All above symptoms can potentially progress to a lathreatening situation. ACTION FOR MINOR REACTION 1. If only symptom(s) are: | ♦ SIGNS | OF AN ALLERGIC REACTION ◆ | |
| THROAT* *SKIN *SKIN *SKIN 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 *HEART* "thready" pulse, "passing-out" The severity of symptoms can quickly change. *All above symptoms can potentially progress to a lathreatening situation. ★ ACTION FOR MINOR REACTION 1. If only symptom(s) are: | Systems: | Symptoms: | |
| ★ ACTION FOR MINOR REACTION ★ 1. If only symptom(s) are: | •THROAT* •SKIN •GUT •LUNG* | itching and/or a sense of tightness in the throat, hoarsenes hives, itchy rash, and/or swelling about the face or extremi nausea, abdominal cramps, vomiting, and/or diarrhea shortness of breath, repetitive coughing, and/or wheezing | s, and hacking cough ties |
| 1. If only symptom(s) are: | | | can potentially progress to a life- |
| Then call: 2. Mother | ♦ ACTIO | N FOR MINOR REACTION ◆ | |
| Then call: 2. Mother | | | |
| Then call: 2. Mother | 1. If only syr | nptom(s) are: | , give |
| 2. Mother | | | medication/dose/route |
| 3. Dr | Then call: | | |
| 3. Dr | 2. Mother | , Father | , or emergency contacts |
| ACTION FOR MAJOR REACTION ♦ 1. If ingestion is suspected and/or symptom(s) are: | 3. Dr | at | |
| give | | | Reaction below. |
| Then call: 2. Rescue Squad (ask for advanced life support) 3. Mother, Father, or emergency conduction at, or emergency conductions. | 1. If ingestion | n is suspected and/or symptom(s) are: | |
| Then call: 2. Rescue Squad (ask for advanced life support) 3. Mother, Father, or emergency conduction at, or emergency conductions. | give | | IMMEDIATELY! |
| 2. Rescue Squad (ask for advanced life support) 3. Mother, Father, or emergency cond. 4. Dr at | | medication/dose/route | |
| 2. Rescue Squad (ask for advanced life support) 3. Mother, Father, or emergency cond. 4. Dr at | Then call: | | |
| 3. Mother, Father, or emergency cond. Dr at | 2. Rescue San | and (only for advanced life summer) | |
| 4. Dr at | 3. Mother | , Father | , or emergency contacts |
| | 4. Dr | at | |
| | | DO NOT HESITATE TO CALL RESCUE | SQUAD! |
| | | | |
| Parent's Signature Date Doctor's Signature Date | Parent's Sign | ature Date Doctor's Signature | Date |

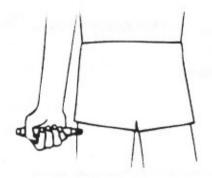
| EMERGENCY CONTACTS | | TRAINED STAFF MEMBERS | |
|--------------------|---------|----------------------------|------|
| 1. | | 1 | Room |
| Relation: | Phone: | 2 | Room |
| Relation: | Phone: | 3. | Room |
| 3. | | | |
| Relation: | _Phone: | an rate of manufacture and | |

EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off gray activation cap.



2. Hold black tip near outer thigh (always apply to thigh).



3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and taken with you to the Emergency Room. Massage the injection area for 10 seconds.

