Then call: 2. Mother, Father, or emergency contacts. 3. Doctor at If condition does not improve within 10 minutes, follow steps for Major Reaction below. ACTION FOR MAJOR REACTION ◀ 1. If the following symptom(s) occur:, Give IMMEDIATELY! Then call: 2. Rescue Squad (ask for advanced life support) 3. Mother, or emergency contacts.			Severe Allergy A	ction Plan		
Student's Name:	ALL	ERGY TO:				
Asthmatic Yes* No "High risk for severe reaction Here	Student's Name: D.O.B			D.B		
Signs of An Allergic Reaction Systems: Symptoms: MOUTH THROAT* Itching and swelling of the lips, tongue or mouth THROAT* SKIN hives, itchy rash and/or swelling about the face or extremities, flushing GUT nausea, abdominal cramps, vomiting and/or diarrhea LING* Shortness of breath, repetitive coughing, and/or wheezing "thready" pulse, 'passing out' The severity of the symptoms can change quickly. *All above symptoms can potentially progress to a life- threatening situation. ACTION FOR MINOR REACTION 1. If only symptom(s) are:, give				*High risk for severe reaction		
MOUTH itching and swelling of the lips, tongue or mouth THROAT* itching and/or a sense of tightness in the throat, hoarseness, and a hacking cough SKIN hives, itchy rash and/or swelling about the face or extremities, flushing GUT naussea, abdominal cramps, vomiting and/or diarrhea LUNG* shortness of breath, repetitive coughing, and/or wheezing HEART* "thready" pulse, "passing out" The severity of the symptoms can change quickly. *All above symptoms can potentially progress to a life- threatening situation. ▶ ACTION FOR MINOR REACTION ◀ 1. If only symptom(s) are:, give						
THROAT* itching and/or a sense of tightness in the throat, hoarseness, and a hacking cough hives, itchy rash and/or swelling about the face or extremities, flushing nausea, abdominal cramps, vomiting and/or diarrhea shortness of breath, repetitive coughing, and/or wheezing thready" pulse, "passing out" The severity of the symptoms can change quickly. *All above symptoms can potentially progress to a life-threatening situation. ACTION FOR MINOR REACTION ◀ 1. If only symptom(s) are:, give	Systems: Syr		Symptoms:			
threatening situation. ACTION FOR MINOR REACTION 1. If only symptom(s) are:	THR SKIN GUT LUN	ROAT* N - IG*	itching and/or a sense of tightness in the hives, itchy rash and/or swelling about to nausea, abdominal cramps, vomiting ar shortness of breath, repetitive coughing	e throat, hoarseness, and a hackir he face or extremities, flushing nd/or diarrhea	ng cough	
1. If only symptom(s) are:	The thre	severity of the sy atening situation	mptoms can change quickly. *All above	symptoms can potentially prog	ress to a life-	
Then call: 2. Mother, Father, or emergency contacts. 3. Doctor at If condition does not improve within 10 minutes, follow steps for Major Reaction below. ACTION FOR MAJOR REACTION 1. If the following symptom(s) occur:, Give	> ,					
Then call: 2. Mother, Father, or emergency contacts. 3. Doctor at If condition does not improve within 10 minutes, follow steps for Major Reaction below. ACTION FOR MAJOR REACTION 1. If the following symptom(s) occur:, Give	1.	If only symp	om(s) are:	, give	medication/ dosage)	
2. Mother						
3. Doctor						
If condition does not improve within 10 minutes, follow steps for Major Reaction below. ACTION FOR MAJOR REACTION 1. If the following symptom(s) occur:	2.				gency contacts.	
ACTION FOR MAJOR REACTION 1. If the following symptom(s) occur:	3.	Doctor	at		<u> </u>	
1. If the following symptom(s) occur:	If co	ndition does not in	prove within 10 minutes, follow steps for Ma	jor Reaction below.		
Give	> /	ACTION FOR MA	OR REACTION			
Then call: 2. Rescue Squad (ask for advanced life support) 3. Mother	1.	If the following	ng symptom(s) occur:		,	
Then call: 2. Rescue Squad (ask for advanced life support) 3. Mother		Give		<u> </u>	MMEDIATELY!	
3. Mother, Father, or emergency contacts. 4. Doctor at DO NOT HESITATE TO CALL RESCUE SQUAD!	Ther		ation/ dosage)			
4. Doctor at DO NOT HESITATE TO CALL RESCUE SQUAD!	2.	Rescue Squa	d (ask for advanced life support)			
4. Doctor at DO NOT HESITATE TO CALL RESCUE SQUAD!	3.	Mother	, Father	, or emerç	gency contacts.	
DO NOT HESITATE TO CALL RESCUE SQUAD!	4.					
Parent's Signature Date						
	Pare	nt's Signature		Date		

Date

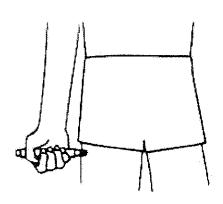
Doctor's Signature (optional)

EMERGENCY CONTACTS	TRAINED STAFF MEMBERS
1 Relationship: Phone:	1. Room:
2. Relationship:	2. Room:
3 Relationship: Phone:	3. Room:

How to Use an Epinephrine Auto-Injector

1. Pull off blue safety cap

2. Place orange tip on outer thigh (always apply to thigh)



- 3. Using a swing and jab motion, press hard into thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed. Massage the injection area for 10 seconds.
- 4. Once EpiPen® is used, call the Rescue Squad. State additional epinephrine may be needed. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.