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**ALLERGY ACTION PLAN**

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**SIGNS OF AN ALLERGIC REACTION**

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**Systems**

MOUTH

THROAT

SKIN

GASTROINTESTINAL

LUNG

HEART

**Symptoms\***

Itching and swelling of the lips, tongue or mouth

Itching and/or sense of tightness in the throat, hoarseness/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, unconsciousness or "passing out"

***\*The severity of symptoms can quickly change! All above symptoms can potentially progress to a life threatening situation.***

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**ACTION FOR MINOR REACTION**

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If only symptom(s) are: \_\_\_\_\_

Provide: \_\_\_\_\_

(medication/dose)

Mother Cell Phone \_\_\_\_\_

FatherCell Phone \_\_\_\_\_

Emergency \_\_\_\_\_

Phone and/or \_\_\_\_\_

DoctorOffice Phone \_\_\_\_\_

ContactCell \_\_\_\_\_

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

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**ACTION FOR MAJOR REACTION**

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If ingestion is suspected and/or symptoms are \_\_\_\_\_

Give \_\_\_\_\_

**IMMEDIATELY!**

(medication/dose)

Then call:

1. Rescue Squad (ask for advanced life support) **911**
2. Mother, Father, and/or emergency contact person
3. Doctor

**DO NOT HESITATE TO CALL RESCUE SQUAD**

Parent's Signature: \_\_\_\_\_

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