

Allergy Action Plan

Allergy to: \_\_\_\_\_

Child's name: \_\_\_\_\_

◆ Signs of an allergic reaction ◆

Mouth	itching & swelling of the lips, tongue, or mouth
Throat	itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
Skin	hives, itchy rash, and/or swelling about the face or extremities
Gut	nausea, abdominal cramps, vomiting, and/or diarrhea
Lung	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 life-threatening situation.

◆ Action for Minor reaction ◆

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

Give: \_\_\_\_\_

Then call:

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

◆ Action for Major reaction ◆

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

Give: \_\_\_\_\_

Then call:

1. 911 – Ambulance

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Turn over for directions on how to administer epi-pen**