Gary W. Cumberland
Superintendent

Kelley Swartz
Director of Curriculum, Instruction & Assessment

Shawano School District

Louise Fischer
Business Manager

Lori Smits
Director of Pupil Services

ALLERGY/ANAPHYLAXIS ACTION PLAN

Student's Name_____ Date of Birth_____Grade_____

Parent/Guardian _____ Phone _____

Cell Phone/Alternative Phone_____

Allergy to:_____

Asthmatic: ❑ Yes ❑ No (higher risk for severe reaction)

SYMPTOMS OF A LIFE THREATENING ALLERGY MAY INCLUDE ANY OR ALL OF THESE:

- **MOUTH-** *Itching and swelling of lips, tongue or mouth*
- **THROAT-** *Itching, tightness in throat, hoarseness, cough*
- **SKIN-** *Hives, itchy rash, swelling of face and extremities*
- **STOMACH-** *Nausea, abdominal cramps, vomiting, diarrhea*
- **LUNG-** *Shortness of breath, repetitive cough, wheezing*
- **HEART-** *"Thready pulse", "passing out"*

THE SEVERITY OF THE SYMPTOMS CAN CHANGE QUICKLY, PROMPT TREATMENT IS IMPORTANT

TREATMENT:

Treatment should be initiated: ❑ with symptoms ❑ without waiting for symptoms

Benadryl ordered: ❑ Yes ❑ No Dose: _____

Epinephrine ordered: ❑ Yes ❑ No Dose: _____

**Epinephrine provides a 20 minute response window. After epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response. Students receiving epinephrine should be transported to the hospital by ambulance.*

TRANSPORTATION PLAN:

❑ Medication available on the bus
If yes, carried by: ❑ student ❑ bus driver

❑ Medication not available on bus

❑ Does not ride the bus

PERMISSION TO CARRY EPINEPHRINE AUTO INJECTOR

❑ This student is properly trained and can carry and self-administer epinephrine.

❑ This student needs assistance with epinephrine administration. Epi-pen will be kept in the school office or with a trained adult on field trips.

PHYSICIAN NAME: _____ PHONE: _____

PHYSICIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____