



E.H. Mellon Administrative Center

703 S. New Street
Champaign, Illinois 61820-5818

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ALLERGY ACTION PLAN

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

Student Name: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Physician: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

In case of an emergency when parents cannot be reached, contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child also have asthma?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child require an Epinephrine Auto Injector?: \_\_\_\_\_ Yes \_\_\_\_\_ No
❖ If YES, please take an Illinois Food Allergy Emergency Action Plan to complete with your child's healthcare provider.
Where do you prefer the Epinephrine be stored?: \_\_\_\_\_ Classroom \_\_\_\_\_ School Office
\_\_\_\_\_ Carried/Backpack

What are the symptoms your child shows during an allergic reaction? (Check all that apply)

- \_\_\_\_\_ MOUTH- itching and 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"
\_\_\_\_\_ OTHER- \_\_\_\_\_

Steps you wish the school staff to follow if your child has a MINOR REACTION: (Medications must have proper consent.)

❖ \_\_\_\_\_

Steps you wish the school staff to follow if your child has a MAJOR REACTION: (Medications must have proper consent.)

- 1. Call 911
2. \_\_\_\_\_

I hereby authorize District Health Staff to contact the medical provider named here \_\_\_\_\_ regarding this medical condition and to release information regarding my child (named above) to said provider. I hereby authorize the medical provider to release information about my child and this medical condition/allergy to District Health Staff regarding any medical concerns or medications needed regarding this Allergy Plan. I also give permission for the School Administration/School Nurse to contact the medical provider about information contained in this Allergy Action Plan.