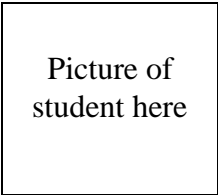


**Gregory Portland Independent School District  
Gregory Portland Health Services  
Emergency Allergy Action Plan**



Allergy To:	Life Threatening:	Yes	NO
	Asthma:	Yes	No
Student: Last First	DOB:	Grade:	
Location of EpiPen/Rescue medications: ( ) Nurse office ( ) Sack Pack ( ) Other			

**Signs of an allergic reaction**

Any <b>Severe Symptoms</b> after suspected or known exposure or ingestion:		<p style="text-align: center;">◆ Action for a <b>SEVERE</b> Allergic Reaction ◆</p> <ol style="list-style-type: none"> <li>1. Give EpiPen® or EpiPen Jr® immediately.</li> <li>2. Call 911 immediately. EpiPen ® only last 20-30 minutes.</li> <li>3. Contact parents or emergency contact person.</li> </ol> <p style="text-align: center;">Special instructions: _____</p>
<b>Lungs*</b>	shortness of breath, repetitive coughing, and/or wheezing	
<b>Throat*</b>	itching and/or a sense of tightness in the throat, hoarseness and hacking cough	
<b>Heart*</b>	"thready" pulse, "passing out"	
Skin	Many hives, itchy rash, and/or swelling about the face or extremities, clammy	
Stomach	nausea, abdominal cramps, vomiting, and /or diarrhea	
Mouth	itching & swelling of the lips, tongue or mouth	

The severity of symptoms can quickly change.

*\*All above symptoms can potentially progress to a life-threatening situation.*

<b>Mild Symptoms Only:</b>		<p style="text-align: center;">◆ Action for a <b>MILD</b> Allergic Reaction ◆</p> <ol style="list-style-type: none"> <li>1. Send student to the clinic accompanied by a responsible person.</li> <li>2. Give _____ (Dose) of _____ (antihistamine) by mouth.</li> <li>3. Contact the parent or emergency contact person</li> </ol>
Skin	A few hives, mild itchy rash	
Stomach	Mild nausea or discomfort	
Mouth	itchy mouth	

<input type="checkbox"/> Parent/Guardian	Phone #1:	Phone #2
Parent/Guardian	Phone #1:	Phone #2

Directions:

1. Pull off safety cap
2. Place black tip against upper outer thigh.
3. Press hard into outer thigh until it clicks (may go through clothing)
4. Discard to sharps container

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

School RN Signature \_\_\_\_\_ Date: \_\_\_\_\_

*This plan is in effect for the current school year and summer school as needed.*