

**HILLCREST SEVENTH-DAY ADVENTIST SCHOOL**  
**Allergy Action Plan**  
(Complete one Form for each separate category of allergy)

If your student has an allergy serious enough to require either epinephrine or a prescribed antihistamine at school, we ask that this completed form (with physician's signature) be brought to school in a Ziploc bag with the required treatment (epinephrine and/or antihistamine). This labeled Ziploc bag will be kept in your student's classroom and will be brought on any field trips.

**Parents of children with food allergies are expected to provide a quantity of safe classroom snacks (to be kept by the teacher) which can be given to the student when questionable foods are brought into the classroom for all of the students to enjoy.**

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Does student have allergies?  
 Yes  
 No (do not complete the rest of the form)

Allergic to \_\_\_\_\_

Allergic reactions to the following:  Smell  Physical contact  Ingestion

**\*\*STEP 1: TREATMENT\*\***

Symptoms:	Give Checked Medication:
• If an allergen has been ingested, and <b>any of the following symptoms occur:</b>	
• Mouth Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
• Skin Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
• Abdomen Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
• Throat Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
• Lung Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
• Heart Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
• Other _____	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
• If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine

**DOSAGE:**

**Epinephrine:** inject intramuscularly (circle one) EpiPen EpiPen Jr. Twinject 0.3 mg Twinject 0.15 mg

**Antihistamine:** give \_\_\_\_\_  
medication/dose/route

**Other:** give \_\_\_\_\_  
medication/dose/route

**\*\*STEP 2: EMERGENCY CALLS\*\***

1. Call 911 and state that "An allergic reaction has been treated, and additional epinephrine may be needed."
2. Dr. \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. Parent \_\_\_\_\_ Phone Number: \_\_\_\_\_
4. Emergency contacts: Phone Numbers:
  - a. \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_
  - b. \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, PLEASE MEDICATE AND TAKE CHILD TO MEDICAL FACILITY!**

I have completed this form and am responsible for the description of medical treatment for my student.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b>EpiPen and EpiPen Jr. Directions</b></p> <ol style="list-style-type: none"> <li>1. Pull off gray activation cap.</li> <li>2. Hold black tip near outer thigh (always apply to thigh).</li> <li>3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place for 10 seconds. Remove the EpiPen unit and massage the injection area for 10 seconds.</li> </ol> <p><b><u>SECOND DOSE ADMINISTRATION:</u></b> If symptoms don't improve after 10 minutes, administer second dose.</p>	<p><b>Twinject 0.3 mg/Twinject 0.15 mg Directions</b></p> <ol style="list-style-type: none"> <li>1. Remove caps labeled "1" and "2."</li> <li>2. Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.</li> </ol> <p><b><u>SECOND DOSE ADMINISTRATION:</u></b> If symptoms don't improve after 10 minutes, administer second dose:</p> <ul style="list-style-type: none"> <li>• Unscrew rounded tip. Pull syringes from barrel by holding blue collar at needle base.</li> <li>• Slide yellow collar off plunger.</li> <li>• Put needle into thigh through skin, push plunger down all the way and remove.</li> </ul>
--	---

Once EpiPen or Twinject is used, call 911. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.