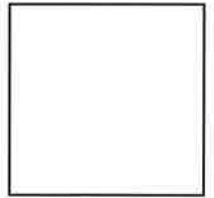


**Tecumseh Local Schools**  
**ALLERGY (FOOD/BEE STING/INSECTS/LATEX) ACTION PLAN**



**ALLERGY TO:** \_\_\_\_\_

Students Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_

Asthmatic Yes \_\_\_\_ No \_\_\_\_ \*\*High risk for severe reaction

**SIGNS OF AN ALLERGIC REACTION**

<b>MOUTH</b>	itching and swelling of the lips, tongue, or mouth
<b>THROAT</b>	itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
<b>SKIN</b>	hives, itchy rash, and/or swelling about the face or extremities
<b>GUT</b>	nausea, abdominal cramps, vomiting, and/or diarrhea
<b>LUNG</b>	shortness of breath, repetitive coughing, and/or wheezing
<b>HEART</b>	"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 \_\_\_\_\_

	medication/dose/route	
And call _____	Phone _____	relationship _____
Or _____	Phone _____	relationship _____

***If condition does not improve within \_\_\_\_ minutes, follow steps for Major Reaction below.***

**ACTION FOR MAJOR REACTION**

If symptom (s) are: \_\_\_\_\_, give \_\_\_\_\_ **IMMEDIATELY!**

medication/dose/route

**\*AND CALL 911\***

PLUS call _____	Phone _____	relationship _____
Or _____	Phone _____	relationship _____

**DO NOT HESITATE TO CALL SQUAD**

\_\_\_\_ This student has been instructed in the proper way to use his/her EpiPen. It is my professional opinion that this student is responsible and should be allowed to carry and self-administer his/her EpiPen.

\_\_\_\_ It is my professional opinion that this student **should not** carry his/her EpiPen at school. Their EpiPen will be kept in the health clinic and administered by designated trained personnel.

**IT IS RECOMMENDED THAT A SECOND EPI-PEN BE RETAINED IN THE SCHOOL CLINIC AS A BACK UP, IN THE EVENT THAT THE STUDENT DOES NOT HAVE THEIRS AT THE TIME OF THE EMERGENCY.**

**Physician Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**SEE BACK OF FORM**