

**2008 – 2009**  
**GERSTELL ACADEMY**  
**Health Care Action Plan**  
**For Allergies**

Student's Name \_\_\_\_\_

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

Asthmatic:      Yes \_\_\_\_\_      No \_\_\_\_\_

**Signs and Symptoms**

**Mild Symptoms** (usually involve the skin only)

- **Mouth** – redness, hives or itching around lips, tongue, or mouth.
- **Skin** – generalized hives, itching/and or swelling of the face or extremities

**More Serious Symptoms**

- **Gut** - nausea, abdominal cramps, vomiting, and/or diarrhea.
- **Throat** - itching, and/or a sense of tightness in the throat, hoarseness, or a cough.
- **Lungs** - shortness of breath, repetitive coughing, and/or wheezing.
- **Heart** – lightheadedness, fainting, disorientation.

**Action**

Keep student calm

Notify Health Room Staff

Follow Benadryl and/or EpiPen instructions, per physician order

Call 911

Call Parent: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Prevention**

Instruct student to avoid known allergen

Educate school staff regarding allergy

Instruct students not to share foods with one another

Additional Pertinent Information: \_\_\_\_\_

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**Note: Do not hesitate to administer medications or call 911 even if the parents or doctor cannot be reached, the severity of the reaction can change quickly and any of the above symptoms can potentially progress to a life-threatening situation.**

**Physician's signature** \_\_\_\_\_ **Date** \_\_\_\_\_