

**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 hacking 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 Epi-Pen 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:** \_\_\_\_\_