

Exeter Township School District Allergy Action Plan

This form must be completed for a student to carry and self-administer an Epi-Pen (Grades 7-12)

ALLERGY TO: _____

Student's Name: _____ D.O.B: _____ Grade/hrm _____

High risk for severe reaction Yes _____ No _____

ACTION FOR MINOR REACTION

1. If only symptom(s) are: _____, give _____
medication/dose/route

Then contact:

2. Mother @ _____, Father @ _____, or emergency contacts.

3. Dr. _____ at _____

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

ACTION FOR MAJOR REACTION

If ingestion or exposure is suspected and/or symptom(s) are: _____

give _____ **IMMEDIATELY!**
medication /dose/route

Then call:

2. 911 for EMS

3. Mother @ _____, Father @ _____, or emergency contacts.

4. Dr. _____ at _____

PARENT/GUARDIAN

I believe that my child is able and responsible to carry and self-administer his/her Epi-Pen (grades 5-12) during school activities. S/he has permission to do so and has been instructed on how to self-administer.

Parent/Guardian signature: _____ Date _____

PHYSICIAN

I believe that this child is able and responsible to carry and self-administer his/her Epi-Pen (grades 5-12) during school activities. S/he has permission to do so and has been instructed on how to self-administer.

Physician's signature _____ Date _____