

**UPPER SADDLE RIVER SCHOOL DISTRICT
395 WEST SADDLE RIVER ROAD
UPPER SADDLE RIVER, NEW JERSEY 07458**

Place Child's
Picture Here

ALLERGY ACTION PLAN

Student's Name: _____ **D.O.B.:** _____ **Teacher:** _____

ALLERGY TO: _____

ASTHMATIC: YES* NO *Higher risk for severe reaction

Previous episodes of anaphylaxis: YES* NO

Does child require allergy free table in cafeteria? YES NO

My child does not require an allergy action plan while in school.

◆ STEP 1: TREATMENT ◆

Symptoms:	Give Checked Medication**	
	**To be determined by physician authorizing treatment	
• If a food allergen has been ingested but no symptoms:	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• 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
• Gut: 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 progressive (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

†Potentially life threatening. The severity of symptoms can quickly change.

MEDICATIONS/DOSES

EPINEPHRINE (Brand and dose): _____

ANTIHISTAMINE (Brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthma): _____

Other: I agree to allow a delegate to omit the Benadryl dose and if the situation warrants, administer EpiPen.

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911: State that an allergic reaction has been treated, and additional epinephrine may be needed.		
2. Dr. _____	Phone Number: _____	
3. Parent _____	Phone Numbers: 1. _____	2. _____
4. Emergency contacts: Name/Relationship	Phone Numbers:	
a. _____	1. _____	2. _____
b. _____	1. _____	2. _____

EVEN IF A PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian's Signature _____ Date _____

Doctor's Signature _____ Date _____

TRAINED STAFF MEMBERS

NAME: _____

ROOM: _____

NAME: _____

ROOM: _____

NAME: _____

ROOM: _____

LOCATION OF MEDICATION

Student to carry

Health Office/Designated Area for Medication

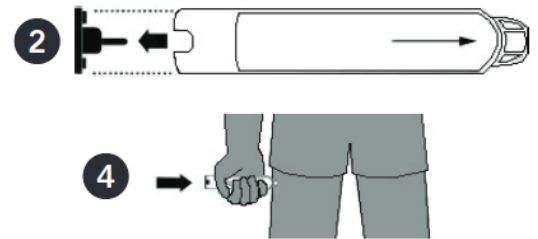
Other: _____

EMERGENCY CALLS

1. **Call 911.** State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Call parent/guardian to notify of reaction, treatment and student's health status

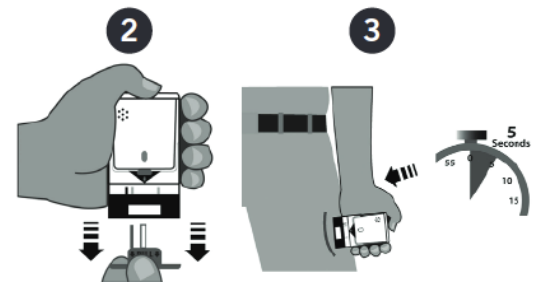
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

