

**Howards Grove School District  
Student Allergy Health Action Plan**

School Year \_\_\_\_\_  
Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_  
Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Allergy Management Plan**

Your child is allergic to: \_\_\_\_\_

Check the symptoms your child has during an allergic reaction:

- |                                    |   |                                      |
|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Hives     | <input type="checkbox"/> Tightness in the chest | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Itching   | <input type="checkbox"/> Watery eyes            | _____                                |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Difficulty breathing   | _____                                |

If a reaction occurs, how soon does the reaction occur; and what first aid measures are school personnel to take?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child require medication(s) for the insect allergy?  Yes  No What? \_\_\_\_\_

Is medication kept at school?  Yes  No

Does your child have an Epi-pen?  Yes  No

Does your child have an Epi-pen at school?  Yes  No Where? \_\_\_\_\_

**(If medication is required at school, a medication authorization form must be completed.)**

**Please Complete and Sign Reverse Side of This Action Plan**

## Emergency Plan

### STEPS TO TAKE DURING AN ALLERGIC REACTION:

1. **Review student's individual plan of care.**
2. Verify student signs/symptoms of allergic reaction, and follow parent-written first aid instructions on the front side of this action plan. Do not send the student home unattended if they have been treated for an allergic reaction.
3. Washing area and cold compresses may provide relief for local allergic reactions.
4. Monitor student for severe allergic reactions, and treat as needed.

This information may be shared with the classroom teacher(s), bus driver, and other appropriate school personnel with a need to know.

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Parent/Guardian Signature

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Date