



This form is to be used for allergies that do not require an epinephrine auto-injector

Date: _____

Parent/Guardian: _____

Student: _____

Allergy to:

Action plan for minor reaction:

If symptoms are:

Please **give**: (Please note, an **Authorization to Administer Medication** form is required for students to receive medications during school hours)

Please also **do**:

Call parents if medication is required: Yes No

If yes, phone number: _____

****Watch the student carefully for progression of symptoms. If the condition does not improve within 10 minutes, call parents****

****If the student has symptoms of anaphylaxis, call 9-1-1 immediately.** Signs of anaphylaxis:

- Mouth itching and swelling of mouth, lips, and tongue
- Throat itching or severe tightness, hoarseness, or coughing
- Skin: hives, itchy-rash, swelling of face and/or extremities
- Gut: nausea, cramps, diarrhea
