

ST. JOHNS COUNTY SCHOOL DISTRICT
HEALTH SERVICES

ALLERGY MEDICAL MANAGEMENT PLAN
SCHOOL YEAR _____

Name: _____ Grade: _____ Date of Birth: _____

Teacher: _____ Room: _____

ALLERGY TO: _____

Higher risk for severe reaction if asthmatic

Asthma [] Yes* [] No

Place
ID Photo
Here

Parent/Guardian Name: _____

Address: _____

Ph: (H) _____

(W) _____

(C) _____

Parent/Guardian Name: _____

Address: _____

Ph:(H) _____

(W) _____

(C) _____

Emergency Phone Contact #1 _____
Name Relationship Phone

Emergency Phone Contact #2 _____
Name Relationship Phone

Allergy Healthcare Provider: _____ Phone: _____

Other Healthcare Provider: _____ Phone: _____

STEP 1: TREATMENT

Symptoms:

- If a food allergen has been ingested, but no symptoms
- Mouth: itching, tingling, or swelling of lips, tongue, mouth
- Skin: Hives, itchy rash, swelling of the face or extremities
- Gut: nausea, abdominal cramps, vomiting, diarrhea
- *Throat: tightening of throat, hoarseness, hacking cough
- *Lung: shortness of breath, repetitive coughing, wheezing
- *Heart: thready pulse, low blood pressure, fainting, pale, blueness
- *Other _____
- If reaction is progressing (several of the above areas affected, give

Give Checked Medication**

to be determined by physician authorizing treatment

- Epinephrine
- Epinephrine
- Epinephrine
- Epinephrine
- Epinephrine
- Epinephrine
- Epinephrine
- Epinephrine
- Epinephrine
- Epinephrine
- Antihistamine
- Antihistamine
- Antihistamine
- Antihistamine
- Antihistamine
- Antihistamine
- Antihistamine
- Antihistamine

potentially life-threatening. The severity of symptoms can quickly change

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen®Jr. Twinject™0.3mg Twinject™0.15 mg

Antihistamine: give _____
medication / dose / route

Other: give _____
medication / dose / route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Call parent/guardian or emergency contact listed on page 1 if unable to reach parent.
3. Call physician. Contact information listed on page 1.

Even if parent/guardian cannot be reached, do not hesitate to medicate or take child to medical facility.

Parent/Guardian Signature	_____	Date	_____
Doctor's Signature	_____	Date	_____
Doctor's Printed Name	_____	Date	_____