

Place child's
photo here

Cross Lutheran Church & School Emergency Allergy Action Plan

Allergy to: _____

Student Name: _____

D.O.B. _____ Teacher: _____

ASTHMATIC Yes _____ No _____ * High Risk for Severe Reaction

Briefly describe the signs and symptoms we may expect to see if your child comes into contact with the above:

How are these reactions treated? _____

SIGNS OF AN ALLERGIC REACTION INCLUDE:

Symptoms:

Mouth	itching & swelling of the lips, tongue, mouth
Throat	itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
Skin	hives, itchy rash and/or swelling about face or extremities
Gut	nausea, abdominal cramps, vomiting, and/or diarrhea
Lung	shortness of breath, repetitive coughing, and/or wheezing
Heart	“thread” pulse, “passing out”

The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation!

ACTION:

1. If ingestion is suspected, give _____
Medication/Dose/Route
2. CALL 911 (request epinephrine)
3. CALL: Mother _____ Father: _____
4. EMERGENCY CONTACTS
 1. _____ Relation: _____ Phone: _____
 2. _____ Relation: _____ Phone: _____

**DO NOT HESITATE TO ADMINISTER MEDICATION OR
CALL RESCUE SQUAD EVEN IF PARENTS OR DOCTOR
CANNOT BE REACHED!**

Parent's Signature: _____ **Date:** _____

Doctor's Signature: _____ **Date:** _____

I hereby grant Cross Lutheran School permission to administer the above medication(s) to my child.

Accordingly, I assume all responsibility regarding this matter and hereby release Cross Lutheran School – its personnel and governing administrative bodies from any and all liability as to injuries or ill effects of any kind which may be caused thereby.

Parent/Guardian Signature

Date

