



ALLERGY/ASTHMA MANAGEMENT CARE PLAN

STUDENT NAME/TEACHER: _____ D.O.B: _____

Child's Mother: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Child's Father: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

*****In the event of an allergic reaction, 911 will be called immediately and then parents will be notified. Please circle the phone number that should be tried first for each parent.**

The student listed above has a *potentially life-threatening* reaction/allergy to: _____

Benadryl should be administered FIRST: yes no
Administer Benadryl: _____ (dosage) by mouth if the following symptoms are present:

AND/OR

- Administer Epi-pen if ingestion or contact with the allergen occurs if the following symptoms are present:

AND/OR

- Administer Epi-pen if ingestion or contact with the allergen occurs but NO SYMPTOMS are present:

AND/OR

- Administer inhaler/Albuterol when the following systems are present:

- Itching or tightness of mouth or throat
- Swelling of the lips, mouth, tongue
- Hives
- Sudden onset of persistent cough
- Sudden onset of wheezing
- Shortness of breath or breathing difficulty
- Fainting or feeling like "passing out"

Additional comments: _____

Signature of parent/guardian: _____ Date: _____