

**ROBINSON INDEPENDENT SCHOOL DISTRICT  
ALLERGY ACTION PLAN**

Student's Name: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_ Teacher: \_\_\_\_\_

Asthmatic:    Yes\* \*Higher risk for severe reaction  
                   No

I have instructed \_\_\_\_\_ (student's name) in the proper way to use his/her Epipen/Twinjet. It is my professional opinion that \_\_\_\_\_ (student's name) should be allowed to carry and self-administer his/her Epipen/Twinjet while on school property or at school-related events.

I, the parent of \_\_\_\_\_ (student's name) agree with his/her physician to allow \_\_\_\_\_ (student's name) to carry his/her Epipen/Twinjet. Upon doing this, I realize that the school clinic will not have his/her personal Epipen/Twinjet unless I supply the school with an extra one in case my child forgets his/hers.

**For Self - Administration Only**

Does this student have physician permission to self-administer this medication and to carry this medication on himself/herself?  
Yes\_\_\_ No\_\_\_

Has this student been trained in the signs and symptoms of minor and major reactions? Yes\_\_\_ No\_\_\_

Is this student capable of self-administering EpiPen/Twinjet? Yes\_\_\_ No\_\_\_

Can this be safely self-administered in the school setting? Yes\_\_\_ No\_\_\_

Does this student need the supervision of a designated adult? Yes\_\_\_ No\_\_\_

Has the student been trained in the self-administration of the EpiPen/Twinjet? Yes\_\_\_ No\_\_\_

Nurse Signature \_\_\_\_\_

**Signs of an Allergic Reaction**

MOUTH.....itching and swelling of the lips, tongue or mouth

THROAT.....itching and/or a sense of tightness in the throat, hoarseness and hacking cough

SKIN.....hives, itchy rash, and/or swelling about the face or extremities

LUNG.....shortness of breath, repetitive coughing, and or/wheezing

HEART....."thready" pulse, "passing out"

GUT.....nausea, abdominal cramps, vomiting, and/or diarrhea

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

**ACTION FOR MINOR REACTION:**

1. If only symptom (s) are: \_\_\_\_\_  
give \_\_\_\_\_  
*medication/dose/route*
2. Call Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
or emergency contact \_\_\_\_\_

**IF CONDITION DOES NOT IMPROVE WITHIN 10 MINUTES,  
FOLLOW STEPS 1-3 OF ACTION FOR MAJOR REACTION**

**ACTION FOR MAJOR REACTION:**

1. If ingestion is suspected, and/or symptom (s) are: \_\_\_\_\_  
**immediately** give \_\_\_\_\_  
*medication/dose/route*
2. Call EMS
3. Call Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
or emergency contact: \_\_\_\_\_

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL EMERGENCY MEDICAL SERVICES EVEN IF PARENTS CANNOT BE REACHED.**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's Phone No.

\_\_\_\_\_  
Date