



Allergy Action Plan

The following section must be completed by the **PARENT/GUARDIAN**:

School:	Grade:	Year:
Student's Last Name:	First Name:	<input type="checkbox"/> M <input type="checkbox"/> F Date of Birth:
<p>I have read and understand the Mayfield City School guidelines for giving medications. I request authorized school personnel to follow the allergy action plan listed below. I agree to see that the medications are delivered to the school; to notify if there is a change in physicians; to notify if the medication, dosage, or procedure is changed or discontinued. I give my consent to the school nurse to send and/or receive information related to my child's health, as they deem appropriate for the duration of this order as noted above.</p>		
____/____/____ Date	_____ Parent/Guardian Signature	(____)_____ Home/Cell Phone
		(____)_____ Emergency Phone

Allergic Reaction Specifics

The following section must be completed by the **LICENSED PRESCRIBER**:

Allergy/Medical Diagnosis:		
Exposure Type: <input type="checkbox"/> Eating/Drinking <input type="checkbox"/> Breathing <input type="checkbox"/> Touching <input type="checkbox"/> Stings/Bites <input type="checkbox"/> Other: _____		
Symptoms of Allergic Reaction:		
Skin <input type="checkbox"/> Hives <input type="checkbox"/> Rash <input type="checkbox"/> Swelling of face	Lungs: <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Repetitive Coughing <input type="checkbox"/> Wheezing	Mouth: <input type="checkbox"/> Lips- Itching, Swelling, Tingling <input type="checkbox"/> Tongue- Itching, Swelling, Tingling
Gut: <input type="checkbox"/> Nausea <input type="checkbox"/> Cramping <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea	Heart: <input type="checkbox"/> Fainting <input type="checkbox"/> Pale <input type="checkbox"/> Bluish Skin <input type="checkbox"/> Weak Pulse <input type="checkbox"/> Low Blood Pressure	Throat: <input type="checkbox"/> Hoarseness <input type="checkbox"/> Throat Feels Tight <input type="checkbox"/> Hacking Cough Other: _____
Recommended Preventions:		
<input type="checkbox"/> School personnel do NOT need to monitor student meals/snacks. Child can self-monitor. <input type="checkbox"/> Student can self-monitor and may purchase school lunch or la carte items from food service. <input type="checkbox"/> Student may purchase school lunch. <input type="checkbox"/> The student is ONLY allowed to eat foods supplied by parent/guardian (unless written permission from parent is obtained by the classroom teacher or principal for special events). <input type="checkbox"/> Student must sit at a lunchroom table designated as Food/Allergy/Nut-Free. <input type="checkbox"/> List the allergy on the Student Health Alert list to be shared with necessary staff.		

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Treatment Plan

The following section must be completed by the LICENSED PRESCRIBER:

A: In the event of a <u>possible</u> exposure, <u>but there are no symptoms</u> of a reaction: <input type="checkbox"/> Call Parent/Guardian for instructions <input type="checkbox"/> Proceed directly to the treatment outlined below
B: In the event of a <u>known</u> exposure, <u>but there are no symptoms</u> of a reaction: <input type="checkbox"/> Call Parent/Guardian for instructions <input type="checkbox"/> Proceed directly to action C
C: <u>In the event of an exposure and symptoms</u> , the school staff will immediately start treatment plan below: 1. _____ 2. _____ 3. _____ 4. 911 will always be called if a life-threatening reaction occurs or when an EPI Pen has been administered. 5. Parent/Guardian will be called immediately.

(Licensed Prescriber's Stamp)	Licensed Prescriber's Printed Name: _____
	Licensed Prescriber's Signature: _____
	Date: ____/____/____
	Telephone Number: (____) _____

Rev 2/23

*****Please note a new form is required every school year**

A Medication Administration Form Must Be Completed for Each Medication That is Listed on This Plan

SCHOOL FAX NUMBERS

High School: 440.995.6805
Middle School: 440.449.1413
Center: 440.995.7405

Gates Mills: 440.995.7505
Lander: 440.995.7355
Millridge: 440.995.7255

Excel TECC: 440.995.6755
CEVEC: 440.646.1117
Preschool: 440.995.6805