



Cole Valley Christian Schools
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www.discovercolevalley.com

Allergy Action Plan

****This form is to be used for allergies that do not require an epinephrine auto-injector**

Date: _____

Student Name: _____

Allergy to: _____

Action plan for minor reaction:

If symptoms are: _____

Please give (medication, dose, route, etc.): _____

Other response to mild reaction: _____

Call parents if medication is required Yes ___ No ___ Phone # _____

****Watch child carefully for progression of symptoms. If condition does not improve within 10 minutes, call parents.**

****If child has symptoms of anaphylaxis, call 9-1-1 immediately.**

Signs of anaphylaxis:

Mouth itching and swelling of lips, mouth, and tongue.

Throat itching or severe tightness, hoarseness, or coughing.

Skin: Hives, itchy-rash, swelling of face or extremities.

Gut: Nausea, cramps, diarrhea.