

School Allergy Action Plan

Student Information

Student Name

Date of Birth

School

Grade/Teacher

Parent/Guardian & Emergency Contact

Parent/Guardian Name

Phone

Emergency Contact

Emergency Phone

Allergen(s)

List all allergens

Symptoms of Allergic Reaction

Area	Symptoms
Mouth	
Skin	
Gut	
Throat	
Lung	
Heart	

Treatment

Medication(s) at School

Medication Instructions

Location of EpiPen/Auto-Injector

Healthcare Provider

Provider Name

Provider Phone

Signatures

Signature	Date
Parent/Guardian	
Healthcare Provider	
School Nurse	

