



## Individual Allergy Response Plan

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

History of Medical Condition:

Symptoms:

**ACTION PLAN:** In the event that the above symptoms occur,

**1. Give medication:**

**2. Call 911:** MDS will call 911 and inform them of a life threatening allergic reaction and request an ambulance immediately.

**3. Call Parents/Guardians:**

Name: \_\_\_\_\_ 1<sup>st</sup> Call: \_\_\_\_\_

Next try: \_\_\_\_\_

Name: \_\_\_\_\_ 1<sup>st</sup> Call: \_\_\_\_\_

Next try: \_\_\_\_\_

The school has my permission to follow this action plan for my child, \_\_\_\_\_ ,  
in case of the allergic reaction described above.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_