

SEASONAL ALLERGY ACTION PLAN

Place photo here

Student Name _____ School _____ Grade _____ Date _____
Parent/ Guardian _____ phone # _____
Doctor _____ phone # _____

If no symptoms, you may not need any daily medication. If daily allergy medication is taken, please list: _____



You should have:

- No coughing or sneezing
- No burning or itchy eyes
- No nasal congestion
- No waking up at night because of allergies
- No problems with play because of allergies

YELLOW ZONE – CAUTION! – TAKE ACTION



You may have:

- Some coughing
- Some sneezing
- Burning eyes
- Slightly itchy, watery eyes
- Slight nasal congestion
- Still able to play outdoors with only minor discomfort

ACTIONS FOR PHYSICIAN

If yellow zone symptoms continue for 24 hours, or they require extra medicine more than 2 times per week, **Continue to use green zone daily medicines and add these quick relief medicines:** _____

Any restrictions for outdoor recess and PE? _____

If yes, specify when and for how long: _____

ACTIONS FOR SCHOOL NURSE

- *Wash hands/face after being outside, or more frequently if symptomatic
- *Rinse eyes
- *Have student drink 8oz water to rinse lips/mouth/throat
- *For reddened, itchy eyes apply cold compress

RED ZONE – STOP! – GET HELP NOW!



You may have:

- Constant coughing
- Swollen eyes from excessive tearing
- Hives on face or around eyes
- Nasal congestion
- Unable to concentrate or play

ACTIONS FOR PHYSICIAN

Emergency medication authorized by physician: _____

ACTIONS FOR SCHOOL NURSE

- *Notify parent immediately, stay with student
- *Watch closely for changes
- *Prepare to administer emergency medicine if authorized for hives or trouble breathing

Any child who has more than one bad year with several weeks of poor quality of life and must stay inside for more than two weeks should be referred to a pediatric allergist for evaluation and additional management suggestions.

Physician signature _____ Date _____

Parent signature _____ Date: _____

School Nurse Signature _____ Date: _____