



PINE COBBLE SCHOOL  
est. 1937

## 2025-2026 ALLERGY & ASTHMA ACTION PLAN

You **DO NOT** need to complete this form if your child has no known allergies.

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

Date of Birth: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

Is student asthmatic:	Yes or No	Inhaler:	Yes or No
Student has an EpiPen:	Yes or No	If yes:	Junior or Regular

### ACTION REQUIRED

**Please have your child's physician fax a copy of the order for your child to carry and self-administer an EpiPen and/or inhaler.**

**Fax to: 413-458-8174**

**Thank you.**

### STEP 1: ALLERGY TREATMENT

*The American Academy of Allergy Asthma & Immunology recommends epinephrine as the treatment of choice for anaphylaxis. Other medications, such as antihistamines, inhaled asthma medications, or steroids that subsequently may be given by physicians in treating anaphylaxis should not be regarded as first-line medications.*

Symptoms:

Circle if Yes:

Food allergen has been ingested, no symptoms

Give Epinephrine

Allergen has been in contact, no symptoms

Give Epinephrine

Mouth (itching, tingling or swelling of lips tongue, mouth)

Give Epinephrine

Skin (hives, itchy rash, swelling of the face or extremities)

Give Epinephrine

Gut (nausea, abdominal cramps, vomiting, diarrhea)

Give Epinephrine

Throat (tightening of throat, hoarseness, hacking cough)

Give Epinephrine

Lung (shortness of breath, repetitive coughing, wheezing)

Give Epinephrine

Heart (fainting, pale, blueness)

Give Epinephrine

Other: \_\_\_\_\_

Give Epinephrine

**STEP 2: EMERGENCY CALLS**

***If epinephrine is administered, the school is required to call 911***

Contacts (Order listed will be order called):

**Parent 1** \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Parent 2** \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**To be notified if above cannot be reached:** \_\_\_\_\_

Relation to student \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**PHYSICIAN PERMISSION FOR SELF-ADMINISTRATION OF EPINEPHRINE/INHALERS  
& PARENT PERMISSION TO DISCUSS STUDENT MEDICAL CONDITION WITH EMS  
SERVICES.**

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

Date of Birth: \_\_\_\_\_

☐ My child has permission to carry and self-administer an EpiPen. (Physician order required)

☐ My child has permission to carry and self-administer an inhaler. (Physician order required)

I give my permission for Pine Cobble School to discuss my child's medical condition with any emergency medical services personnel who may respond to an emergency situation with my child.

Signed:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**ACTION REQUIRED**

**Please have your child's physician fax a copy of the order for your child to carry and self-administer an EpiPen and/or inhaler.**

**Fax to: 413-458-8174**

**Thank you.**