



**SAINT MARY'S ACADEMY**  
TRADITIONAL CATHOLIC SCHOOLS OF THE SOCIETY OF ST. PIUS X  
200 EAST MISSION STREET SAINT MARYS, KANSAS 66536  
PHONE 785-437-2471 • FAX 785-437-6597

**Allergy Action Plan**  
**2018-2019 Academic**  
**Year**

**Part I: To be completed by parent or guardian**

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Person(s) to notify in case of an acute allergy episode:

\_\_\_\_\_  
*Name and relationship to student* \_\_\_\_\_  
*telephone*

\_\_\_\_\_  
*Name and relationship to student* \_\_\_\_\_  
*telephone*

Physician:

\_\_\_\_\_  
*Name of physician (first and last) PLEASE PRINT* \_\_\_\_\_  
*telephone*

\_\_\_\_\_  
*Physician street address* *City, State, ZIP*

**Part II: To be completed by physician**

Signs of an acute allergy episode:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Steps to take, including medications used and dosages:

1. \_\_\_\_\_
2. \_\_\_\_\_

List of allergens likely to trigger acute allergy episodes.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Signed \_\_\_\_\_  
*Physician Signature* \_\_\_\_\_  
*Date*