



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
2017-2018 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