

School of Health – Allied Health Programs

Allergy Action Plan Form

Any student who has an allergy to any medication or medical materials is to inform their program coordinator and lab professor(s) in writing. Using this form, the student is to document any drug or medical equipment allergy and create an action plan (with advisement from coordinator) in case of accidental exposure.

Student Information

Student Name: _____ Student Number: _____

Program: _____

Allergy Information

Allergy to: _____

Reaction on (*check all that apply*): ___ Ingestion ___ Air exposure ___ Touch ___ Other: _____

Severity/Reaction if exposed: _____

Action Plan

Action plan to be created with advisement from coordinator.

If warranted under advice from professor/coordinator - student may be excused from specified lab activities where exposure may be a risk (if possible - recreate activity with placebo and/or other ingredient). Student to understand they still need to perform the required lab activities for evaluation.

Action Plan to prevent reaction: _____

Action Plan if imminent reaction: _____

Emergency Contact

Person to contact: _____ Phone Number: _____

Student and Coordinator Signatures

Student's Signature

Date

Coordinator's Signature

Date

Submit a copy of this completed form to each lab professor. Keep a copy with lab materials in case of reaction.

Share a copy with any/all placement supervisors.