ALLERGY ACTION PLAN

Place Child's Picture Here

Student Name: _____ **D.O.B:**_____ **Teacher**:_____

ALLERGY TO: _____

❑ Mild ❑ Moderate ❑ Severe

Weight: _____ Asthma? ❑ Yes* ❑ No * High risk for severe reaction

Location where Epi-Pen/Rescue Medications are stored:
❑ Office ❑ Backpack ❑ On Person ❑ Other _____

Allergy Symptoms:
If you suspect a severe allergic reaction, immediately ADMINISTER Epinephrine And call 911.

Give Checked Medication:**
**(To be determined by physician authorizing treatment)

▪ Mouth	Itching, tingling, or swelling of the lips, tongue, mouth	❑Epinephrine ❑Antihistamine
▪ Skin	Hives, itchy rash, swelling of the face or extremities	❑Epinephrine ❑Antihistamine
▪ Gut	Nausea, abdominal cramps, vomiting, diarrhea	❑Epinephrine ❑Antihistamine
▪ Throat⚸	Tightening of the throat, hoarseness, hacking cough	❑Epinephrine ❑Antihistamine
▪ Lung ⚸	Shortness of breath, repetitive coughing, wheezing	❑Epinephrine ❑Antihistamine
▪ Heart⚸	Weak or thread pulse, low blood pressure, fainting, pale blueness	❑Epinephrine ❑Antihistamine
▪ Other ⚸	_____	❑Epinephrine ❑Antihistamine
▪ **If reaction is progressing (more than one system area), give:**		❑Epinephrine

⚸Potentially life-threatening. The severity of symptoms can change quickly.

MEDICATION ORDERS

Epinephrine Brand: _____ **Dose:** ❑0.15mg IM ❑0.3mg IM

Antihistamine Brand or Generic: _____ **Dose:** _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

Physician Signature	Date:
Physician Printed Name	Phone: _____ Fax: _____

ACTION PLAN

- **GIVE MEDICATION AS ORDERED ABOVE. AN ADULT IS TO STAY WITH STUDENT AT ALL TIMES.**
- **NOTE TIME _____AM/PM (Epinephrine given) NOTE TIME _____ AM/PM (Antihistamine given)**
- **CALL 911 IMMEDIATELY. 911 must be called WHENEVER epinephrine is administered.**
- Advise 911 student is have severe allergic reaction and epinephrine is being administered.
- An adult trained in CPR is to stay with student-minor and begin CPR if necessary.
- Call the School Nurse or Health Services Main Office at _____.
- Student should remain with a staff member trained in CPR at the location where symptoms began until EMS arrives.
- Notify the administrator and parent/guardian.
- Dispose of the used Epi-Pen/syringe in "sharps" container or give to EMS along with a copy of the of the Emergency Action Plan.

OVER

Revised 08/16 PJS

FIELD TRIP PROCEDURES – Epi-Pen/epinephrine and EAP should accompany student during any off campus activities.

- Student should remain with teacher or parent/guardian during the entire field trip: ❑ Yes ❑ No
- Staff trained in Epi-Pen/Epinephrine use must accompany student on field trip.
- Other (specify) _____

EMERGENCY CONTACTS

1.	Relationship:	Home Phone:	Work Phone:	Cell Phone:
2.	Relationship:	Home Phone:	Work Phone:	Cell Phone:
3.	Relationship:	Home Phone:	Work Phone:	Cell Phone:
4.	Relationship:	Home Phone:	Work Phone:	Cell Phone:

- I authorize the release of information about the specialized health care procedures/services related to my child's condition between the child's prescribing physician, the school nurse, and school personnel who care for my child and may need to know this information to maintain my child's health and safety. This authorization will be in effect for the above stated school year.

- I request and authorize the school nurse and trained school personnel to administer the above medication(s) as prescribed by my child's physician.

- I request and authorize the above medication to be administered during field trips during the current school year.

- Medical/Medication information may be shared with school staff working *directly* with my child and 911 staff, if they are called.

- All medication supplied must come in its originally provided container with instruction as noted above by the licensed provider.

Parent/Guardian Signature:	Date: