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Life Threatening Allergy Emergency Care Plan

Severe allergy to: _____ School year _____

Student legal last name _____ First name _____ MI _____

Birth date _____ School _____ Grade _____ Other ID# _____

Transportation: Walker Self Transported Bus Rider Bus/Route Number _____

Parent/Guardian Information

Parent/Guardian _____ Primary phone _____

Work phone _____ Cell phone _____

Parent/Guardian _____ Primary phone _____

Work phone _____ Cell phone _____

Physician and Hospital Information

Physician Name _____ Phone _____

Preferred Hospital _____ Phone _____

Medical Information

Asthma Yes (High risk for severe reaction) No

Please list specific symptoms the student has experienced in the past and provide the date of the last reaction (if no symptom or date, please write "none")

| Other Allergies | Specific Symptom | Date of last reaction |
|-----------------|------------------|-----------------------|
| | | |

ALLERGY SYMPTOMS: If you suspect a severe allergic reaction, **IMMEDIATELY ADMINISTER EPINEPHRINE AND CALL 911**

- | | |
|---|--|
| <input type="checkbox"/> Mouth-Itching, tingling, or swelling of the lips, tongue, or mouth. | <input type="checkbox"/> Lung-Shortness of breath, repetitive coughing, and/or wheezing |
| <input type="checkbox"/> Skin-Hives, itchy rash, and/or swelling about the face or extremities | <input type="checkbox"/> Heart-"Thready" pulse, "passing out", fainting, blueness, pale |
| <input type="checkbox"/> Throat-Sense of tightness in the throat, hoarseness, and hacking cough | <input type="checkbox"/> General-Panic, sudden fatigue, chills, fear of impending doom |
| <input type="checkbox"/> Gut-Nausea, stomach ache/abdominal cramps, vomiting, and/or diarrhea | <input type="checkbox"/> Other-Some students may experience symptoms other than those listed above |

Medication Orders

Epinephrine Auto-Injector (0.3 mg) Epinephrine Auto-Injector (0.15 mg) Side Effects _____

Repeat dose of Epinephrine Auto-Injector Yes No If "Yes", when _____

Antihistamine Name _____ Dose _____ When _____ Teaspoon Tablet

It is medically necessary for this student to carry an Epinephrine Auto-Injector during school hours Yes No

Student may self-administer Epinephrine Auto-Injector Yes No

Student has demonstrated use to Licensed Health Care Professional Yes No

Physician Signature _____ Date _____

AN ADULT TRAINED IN CPR IS TO STAY WITH THE STUDENT AT ALL TIMES - Action Plan (Give medication as ordered on Page 1)

Epinephrine Auto-Injector given Time given _____ AM PM

Antihistamine given Time given _____ AM PM

CALL 911 IMMEDIATELY

911 must be called **WHENEVER** an Epinephrine Auto-Injector is administered.
DO NOT HESITATE to administer Epinephrine Auto-Injector and call 911, even if parents/guardians cannot be reached.
Advise 911 if the student is having a severe allergic reaction and an Epinephrine Auto-Injector is being administered.
An adult trained in CPR is to monitor the student (and begin CPR if necessary) until EMS arrives.
Call the School Nurse or the Health Services Main Office - Nurse's phone number: _____
Notify building Administrator and Parent/Guardian.
Dispose of used Epinephrine Auto-Injector in the "sharps" container or give to EMS responders.
Have a copy of Care Plan for EMS responders.

INDIVIDUAL CONSIDERATIONS - TRANSPORTATION/BUS

Transportation should be alerted to the student's allergy? Yes No
Student carries an Epinephrine Auto-Injector on the bus Yes No
An Epinephrine Auto-Injector can also be found in: Backpack Waist pack On student Other: _____
Student will sit at the front of the bus Yes No
Other instructions: _____

INDIVIDUAL CONSIDERATIONS - OFF CAMPUS ACTIVITIES/FIELD TRIPS

Epinephrine Auto-Injector should accompany the student during any off campus activities.
Student should remain with the teacher or parent/guardian during the entire field trip Yes No
Staff members on trip must be trained regarding Epinephrine Auto-Injector use, understand and have a copy of the student's health care plan.
Other instructions: _____

INDIVIDUAL CONSIDERATIONS - CLASSROOM - FOR FOOD ALLERGIES ONLY

Student is not allowed to eat the following foods: _____

Foods in manufacturer's packaging with ingredients listed & determined to be allergen-safe by the school nurse, parent/guardian: _____

Foods approved by parent/guardian: _____

Middle or high school student will be making his/her own decisions
 Alternative snacks will be provided by parent/guardian to be kept in the classroom
 Parent/guardian should be advised of any planned parties as early as possible
 Classroom projects should be reviewed by the teaching staff to avoid specified allergens
Other instructions: _____

INDIVIDUAL CONSIDERATIONS - CAFETERIA

No Restrictions
 Student will sit at a specified allergy table

The Cafeteria Manager and/or hostess should be alerted to the student's allergy? Yes No

Other instructions: _____

Emergency Contacts

| | | |
|------------|-------------|--------------------|
| Name _____ | Phone _____ | Relationship _____ |
| Name _____ | Phone _____ | Relationship _____ |
| Name _____ | Phone _____ | Relationship _____ |

- I request this medication to be given as ordered by the licensed health care provider.
- I give Health Services Staff permission to communicate with the medical office about this medication.
- I understand the medication(s) will not necessarily be given by a school nurse (designated staff will be trained and supervised)
- All medication supplied must come in its originally provided container with instructions as noted above by the licensed health care provider.

I request and authorize my child to carry and/or self administer their medication. Yes No

This permission to possess and self-administer a Epinephrine Auto-Injector may be revoked by the principal or school nurse if it is determined that your child is not safely and effectively able to self administer.

| | |
|---------------------------------|------------|
| Parent/Guardian Signature _____ | Date _____ |
| School Nurse Signature _____ | Date _____ |
| Physician Signature _____ | Date _____ |

A copy of this plan will be kept in the school office and copies will be given to:

- Para educator
- Transportation
- Teacher
- PE Teacher
- Student Services
- Health Room
- Secretary-Principal

Other _____

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