

ILLINOIS FOOD ALLERGY EMERGENCY ACTION PLAN AND TREATMENT AUTHORIZATION

Child's
Photograph

NAME: _____ D.O.B: ____ / ____ / ____

TEACHER: _____ GRADE: _____

ALLERGY TO: _____

Asthma: Yes (higher risk for a severe reaction) No

Weight: _____ lbs

ANY SEVERE SYMPTOMS AFTER SUSPECTED INGESTION:

LUNG: Short of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing/swallowing
MOUTH: Obstructive swelling (tongue)
SKIN: Many hives over body

Or Combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling
GUT: Vomiting, crampy pain

INJECT EPINEPHRINE IMMEDIATELY

- Call 911
- Begin monitoring (see below)
- Additional medications:
- Antihistamine
- Inhaler (bronchodilator) if asthma

Inhalers/bronchodilators and antihistamines are not to be depended upon to treat a severe reaction (anaphylaxis) → Use Epinephrine.

When in doubt, use epinephrine. Symptoms can rapidly become more severe.

MILD SYMPTOMS ONLY

Mouth: Itchy mouth
Skin: A few hives around mouth/face, mild itch
Gut: Mild nausea/discomfort

GIVE ANTIHISTAMINE

- Stay with child, alert health care professionals and parent.

IF SYMPTOMS PROGRESS (see above), INJECT EPINEPHRINE

- If checked, give epinephrine for ANY symptoms if the allergen was likely eaten.
 If checked, give epinephrine before symptoms if the allergen was definitely eaten.

MEDICATIONS/DOSES

EPINEPHRINE (BRAND AND DOSE): _____

ANTIHISTAMINE (BRAND AND DOSE): _____

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

MONITORING: Stay with the child. Tell rescue squad epinephrine was given. A second dose of epinephrine can be given a few minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping child lying on back with legs raised. Treat child even if parents cannot be reached.

- Student may self-carry epinephrine Student may self-administer epinephrine * Illinois law requires the School District to inform parent(s)/guardian(s) that its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self administration of medication (105ILCS 5/22-30).

CONTACTS: Call 911 Rescue squad: (_____) _____

Parent/Guardian: _____ Ph: (_____) _____

Name/Relationship: _____ Ph: (_____) _____

Name/Relationship: _____ Ph: (_____) _____

Licensed Healthcare Provider Signature: _____ Phone: _____ Date: _____
(Required)

BY SIGNING BELOW: I hereby confirm my primary responsibility to administer medication to my child. However, in the event that I am unable to do so, I hereby authorize Community Consolidated School District 181 and its employees, agents, and employees who volunteer to do so on my behalf and stead, to administer or attempt to administer to my child (or allow my child to self-administer, while under the supervision of the School District employees, agents, and employees who volunteer to provide such supervision), lawfully prescribed medication in the manner described above. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the School District, its employees, agents and employees who volunteer as set forth above arising out of the administration or attempted administration of said medication. In addition, I agree to save, defend, hold harmless and indemnify the School District, its employees, agents, and employees who volunteer as set forth above either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts administration of said medication. I agree to save, defend, indemnify and hold harmless the School District and its employees, agents and employees who volunteer as set forth above against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by my child.

Parent/Guardian Signature: _____ Date: _____