

STUDENT PICTURE

**EMERGENCY TREATMENT PLAN  
FOOD ALLERGY/STINGING INSECT**

Patient's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient's Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

History of Asthma:      Yes (high risk for severe reaction)      No

Diagnosis: \_\_\_\_\_

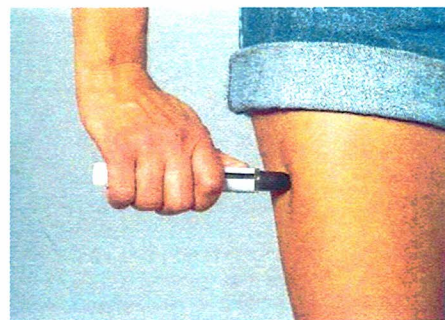
Specific Food Allergen: \_\_\_\_\_

If Patient Ingests or Thinks He Ingested the Above-Named Food:

- \_\_\_\_\_     Observe patient for symptoms of anaphylaxis \*\*
- \_\_\_\_\_     Administer epinephrine before symptoms occur
- \_\_\_\_\_     Administer epinephrine if symptoms occur
- \_\_\_\_\_     Administer Benadryl \_\_\_\_\_ or Atarax \_\_\_\_\_
- \_\_\_\_\_     Transport to ER if symptoms occur
- \_\_\_\_\_     Call 911 EMS and transport to ER if Epi-Pen given

\_\_\_\_\_  
(Physician's Signature)  
Today's Date: \_\_\_\_\_

- \*\* Symptoms**  
**Chest tightness, cough, shortness of breath**  
**Tightness in throat, difficulty swallowing**  
**Swelling of lips, tongue, throat**  
**Itching mouth**  
**Hives or hoarseness**  
**Stomach cramps, vomiting or diarrhea**  
**Dizziness or faintness**



**GREENWICH PUBLIC SCHOOLS  
SCHOOL HEALTH PROGRAM**

**School Health Plan**

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**Date:**

**Student:**                      **Sex:**                      **DOB:**                      **Age:**

**School:**                      **Teacher:**                      **Grade:**

**Food Allergy:**

**Parent Signature:**

**Nurse:**

1. Upon written permission of the allergic student's parent, a class letter is sent to all class parents explaining the types of food(s) that should be avoided for classroom snack
2. The school nurse will instruct teachers about the signs and symptoms of food allergy reactions (anaphylaxis) & the administration of emergency medications (EpiPen/EpiPen Jr) to a known allergic student. Classroom teachers will include in the substitute teachers' manual the name of this student and a copy Emergency Care Plan in the event the regular teacher is absent.
3. For field trips: Medications for this student will accompany a teacher who has been trained by R.N. to administer medication and that teacher will be assigned to the student while on field trips.
4. The School Administrator, classroom teacher, and other designated personnel will follow the **Student Emergency Plan** if the student should be in need of emergency assistance. (Call 911, notify nurse or trained first aid responders, location of emergency medications, and notify parents).
5. Cafeteria personnel, cafeteria monitor(s) and the classroom teacher will be notified by the school nurse on the identification of the student, type of foods that should be avoided, and the importance of preventing cross contamination.
6. The cafeteria monitor or school administrator's designee will be responsible to wipe the lunch table/desk before the student eats. The equipment used on the allergen free table should be used only on that table. An allergen free table is assigned to the student.
7. With parent permission the district's transportation administrator will identify the student to transportation personnel in regard to emergency protocols needed in the event of allergic reaction on the bus. Parents agree to supply emergency medication in a clearly marked and secure receptacle
8. With written permission of the parent, the nurse will show the food allergy network film and speak to the class about food allergies.
9. The classroom teacher will see that the student will have snack @ an allergen free table. Tables will be cleaned after snack and students will wash hands.

*\*If numbered directive is crossed out and initialed crossed out, parent does not want that number done.*