

- Business, Education, Technology Academy
 Rising Scholars Academy of South Texas
 South Texas Academy for Medical Professions
 The Science Academy of South Texas
 South Texas Preparatory Academy
 South Texas High School for Health Professions

Anaphylaxis Individual Health Plan

Student's Name: _____ DOB: _____ School Year: _____
 Allergy: _____ Reaction: _____ Date of Plan: _____

Parent / Guardian Contact Information

Mother/Guardian: _____ Father/Guardian: _____
 Address: _____ Address: _____
 Home #: _____ Work #: _____ Cell #: _____ Home #: _____ Work #: _____ Cell #: _____

Student's Doctor/Health Care Provider

Name: _____
 Address: _____
 Office phone #: _____ Fax #: _____
 Emergency number if available: _____

Other Emergency Contacts

1) Name: _____
 Relationship: _____
 Home #: _____
 Work #: _____
 Cell #: _____

To Be Completed By Physician:

Indication for use of antihistamine, steroids, or Epi-pen/Epi-pen Jr

I. At onset of hives, itching or swelling, take an antihistamine:

- a. BENADRYL (25 mg tab/syrup) _____ by mouth,
 b. HYDROXYZINE 25 mg/syrup _____ by mouth,

**If hives/itching continue may take Benadryl or Hydroxyzine every 4-6 hours.

1. Hives (appearing red, itchy bumps)
2. Generalized itching especially of the palms of the hands, soles of the feet, or the groin area.
3. Swelling of face or body part

II. At onset of severe rash or swelling take:

- a. Prednisone _____ mg _____ tablets by mouth,
 b. Prelone 15mg/5 ml _____ teaspoonful by mouth,
 c. Orapred ODT _____ mg let dissolve on the tongue

**Call your doctor for further instructions.

IF THE STUDENT EXPERIENCES ANY OF THE FOLLOWING SIGNS OR SYMPTOMS NOTED BELOW, CALL EMS/911. IN ADDITION TO THE STEPS OUTLINED BELOW, REMEMBER THAT LATE REACTIONS CAN OCCUR UP TO 8-12 HOURS AFTER AN INJECTION.

- I. Use injectable epinephrine (Epi-pen/Epi-pen Jr) and antihistamines if any of the following occur:
 - a. Light-headedness or dizziness;
 - b. Palpitations;
 - c. Shortness of breath or chest tightness;
 - d. Hoarseness or tightness of the throat;
 - e. Abdominal cramping, nausea, vomiting, or diarrhea, or difficulty swallowing, if associated with any of the above signs.

NOTE: AFTER THE USE OF AN EPI-PEN/EPI-PEN JR, CALL EMS/911 IMMEDIATELY FOR FOLLOW UP. THEN CALL PARENT/GUARDIAN

May child self-administer the above medications? YES NO Exceptions: _____
 May child carry the above medications while at school? YES NO Exceptions: _____
 Additional Instructions/Comments: _____

Treating Physician Signature

Date

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Parent/Guardian Consent
Autorización de Padre/Tutor

I give permission to the school nurse and other designated staff members of South Texas I.S.D. to perform and carry out the tasks as outlined by this Anaphylaxis Individual Health Plan. I also consent to the release of the information contained in this plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety.

Doy permiso a la enfermera escolar y otros miembros designados del personal de South Texas I.S.D. para llevar a cabo las tareas de atención como se describe en este Plan Individual de Anafilaxia. También doy mi consentimiento a la divulgación de la información contenida en este Plan Individual de Anafilaxia a todos los miembros del personal y otros adultos que tienen cuidado de custodia de mi hijo y que necesiten conocer esta información para mantener la salud y seguridad de mi hijo.

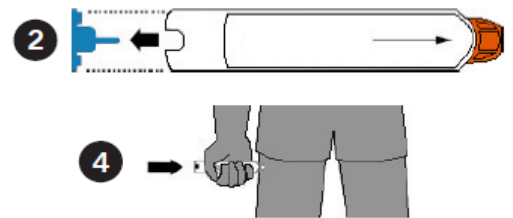
Parent/Guardian Signature
Firma de Padre/Tutor

Date
Fecha

 **FARE** FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN
Food Allergy Research & Education

EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



ADRENACLICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.