Student

Photo

Here

BELLEVUE CHRISTIAN

WITH PURPOSE

Student Severe Allergy Action Plan

Student Name: ________________________________ Date of Birth: _______________ Date: _______________

Parent/Guardian: _______________________________ Phone: _______________ Cell/work: _______________

Name of Health Care Provider treating food allergy: _______________________ Phone: ___________________

Has your child's health care provider indicated that the food allergy may be **life-threatening**? ___No ___Yes
(If YES, please complete this form and talk with the office staff before your child begins attending school.)

Would you like to talk with the Principal and your child's teacher about a **nut free class**? ___ No ___ Yes
AND/OR about allowing nuts in class with certain restrictions and precautions? ___ No ___ Yes

History and Current Status

To which foods is your child allergic?

___ Peanuts ___ Eggs ___ Wheat ___ Fish
___ Tree Nuts ___ Dairy ___ Soy ___ Shellfish

Please list any others:

How many times has your child had a reaction? ___ Never ___ Once ___ More than once, please explain:

Does your child also have asthma? ___ No ___ Yes (may trigger a more severe reaction)

Triggers and Symptoms

Does your child understand how to avoid foods that cause allergic reactions? ___No
___ Yes ___ Yes, with adult supervision/assistance

To what extent does your child avoid the allergenic foods in their diet? (check all that apply)
___ Complete avoidance of all forms of the allergenic food
___ Avoiding foods with cross contamination warnings/risk
___ Able to tolerate certain forms of the food, please explain:

Other than foods brought from home, which foods would your child be able to eat at school?
Commercially prepared foods with ingredient labels that are checked first ___No ___Yes
Homemade foods brought by others, if ingredients are known ___No ___Yes
Other, please explain:

Under what circumstance does your child to react to the problem food(s)? (check all that apply)
___ Eating foods ___ Touching foods ___ Smelling foods ___ Other, please explain: ________________

What are the signs and symptoms of your child's allergic reaction? (Be specific; include the things student might say)

How quickly do the signs and symptoms appear after exposure to the food(s)? ___ Seconds ___ Minutes ___ Hours ___ Days

Treatment

Has your child ever needed treatment at a clinic or the hospital for an allergic reaction?
___ No ___ Yes, please explain:

What treatment or medication has your health care provider recommended for use in an allergic reaction?

Does this medication need to be available **at school**? ___ No ___ Yes (If yes, please fill out an **Oral Medication Authorization Form** found on the Three Points website and turn it ***and*** the medication in to the office before your child begins attending school.)

Does your child need to carry the medication on their person? (Otherwise medications are kept in the school office)
___ No ___ Yes

Does your child need to have the medication available to them in the classroom? ___ No ___ Yes

Does your child need to have the medication available to them on the bus? ___ No ___ Yes

Have you administered the treatment? ___ No ___ Yes

Is there anything else you'd like us to know?

A copy of this plan will be kept with your child's emergency contact form in the office and a copy will be given to your child's teacher(s).

____

Parent Signature Date

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.**
- **DO NOT HESITATE to administer Epinephrine and to call 911, even if the parents cannot be reached.**
- Advise 911 that student is having a severe allergic reaction and Epinephrine is being administered.
- An adult trained in CPR is to stay with student to monitor and begin CPR if necessary.
- Student to remain with a CPR trained staff member at location where symptoms began until EMS arrives.
- Notify the Principal and/or the office and parent/guardian.
- Dispose of used auto-injector in "sharps" container or give to EMS along with a copy of the Care Plan.