

**Sauk Rapids-Rice School Plan For  
Severe Allergic Reactions or Anaphylaxis**

**ALLERGY:** \_\_\_\_\_

**Student  
Photo**

**Student Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Contacts**

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Work #: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Health Care Provider/Clinic: \_\_\_\_\_ Clinic Phone: \_\_\_\_\_

**Medication(s)**

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

**Allergies/Triggers for Allergic Reaction**

\_\_\_ milk/dairy      \_\_\_ eggs      \_\_\_ insect bites (list: \_\_\_\_\_)

\_\_\_ seafood      \_\_\_ latex      \_\_\_ animals (list: \_\_\_\_\_)

\_\_\_ foods (list: \_\_\_\_\_)

\_\_\_ medications (list: \_\_\_\_\_)

\_\_\_ other (list: \_\_\_\_\_)

**Usual Signs and Symptoms of Severe Allergic Reaction (check if experienced by your child)**

\_\_\_ tightness of throat/chest      \_\_\_ swelling of eyes, lips, tongue, throat

\_\_\_ wheezing/difficulty breathing      \_\_\_ rapid, weak or unattainable pulse

\_\_\_ generalized tingling or itching      \_\_\_ generalized rash or hives

\_\_\_ facial flush      \_\_\_ acute coughing or sneezing

\_\_\_ seizures      \_\_\_ cyanosis (bluish colored skin)

\_\_\_ loss of consciousness      \_\_\_ anxiety

\_\_\_ GI symptoms (list: \_\_\_\_\_)

\_\_\_ other: \_\_\_\_\_

Number of hospitalizations for an allergic reaction? \_\_\_\_\_

Field trip plan: \_\_\_\_\_

(over)

## Emergency Plan of Action - Minor Reactions

Signs/symptoms of minor reaction: \_\_\_\_\_

Treatment: \_\_\_\_\_

(medication(s)/dose/etc.)

**If condition does not improve in 10 minutes, follow steps for Major Reaction below.**

### Signs of Emergency - Major Reactions

- Tightness of throat and/or chest
- Difficulty breathing or talking, repetitive cough or wheeze, loss of consciousness
- Generalized itching, rash or hives, swelling of face, lips, tongue or mouth
- Blue discoloration of lips or fingernails
- Vomiting, abdominal cramps or diarrhea
- Seizures
- Other symptoms: \_\_\_\_\_

If suspected ingestion and/or symptoms are: \_\_\_\_\_

If known ingestion: \_\_\_\_\_

Administer: \_\_\_\_\_ **IMMEDIATELY!!**

(medication(s)/dose/etc.)

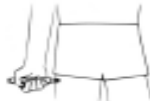
### Procedure for Epi-pen administration by school personnel:

1. Health Services/school staff will call 911, obtain and administer Epi-pen (as below)

EpiPen® and EpiPen® Jr. Directions



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

3. Stay with student and have someone contact parent.
4. Repeat in 10 minutes if the paramedics have not arrived, the student continues to be in distress and if the student has a second Epi-pen.

I give the ISD #47 Licensed School Nurse permission to consult (both verbally and in writing) with the above named student's health care provider regarding any questions that arise about the medical condition and/or medications, treatments, procedures being used to treat the condition.

Parent Signature:	Date:
Health Care Provider:	Date:
School Nurse:	Date:
Health Associate:	Date:

The above information will be used for planning and may be shared with school staff involved with this student.