

Allergy Action Plan

For School Year _____

Student's Name: _____ DOB _____ Grade _____

ALLERGY TO: _____

Asthmatic: Yes* [] No [] *Higher risk for severe reaction

◆ STEP 1 TREATMENT

Symptoms:

Give checked medication

To be determined by physician authorizing

- | | | |
|---|------------|-------------------|
| • If food allergen has been ingested, but no symptoms: | [] EpiPen | [] Antihistamine |
| • Mouth – Itching, tingling, or swelling lips, tongue, mouth | [] EpiPen | [] Antihistamine |
| • Skin – Hives, itchy rash, swelling of the face or extremities | [] EpiPen | [] Antihistamine |
| • Gut – Nausea, abdominal cramps, vomiting, diarrhea | [] EpiPen | [] Antihistamine |
| • Throat* - Tightening of throat, hoarseness, hacking cough | [] EpiPen | [] Antihistamine |
| • Lung* - Shortness of breath, repetitive coughing, wheezing | [] EpiPen | [] Antihistamine |
| • Heart* - Thready pulse, low B/P, pale, blueness | [] EpiPen | [] Antihistamine |
| • Other* _____ | [] EpiPen | [] Antihistamine |
| • If reaction is progressing or several of the above reactions | [] EpiPen | [] Antihistamine |

The severity of symptoms can change quickly. *Potentially life-threatening.

DOSAGE: EPIPEN EPIPEN JR Twinjet 0.3mg Twinjet 0.15mg

Antihistamine: give _____
Medication/dose/route

Other: _____

◆ STEP 2 EMERGENCY CALLS

1. Call 911 – all students must go to Emergency Room after use of EpiPen
2. Dr. _____ at _____
3. Parents Phone numbers

_____	1. _____	2. _____
_____	1. _____	2. _____

Physician Signature: _____ Stamp: _____

Date: _____

Consent and Authorization for Delegate Administration of Medication

A group of staff members have been designated by the school nurse in consultation with school administration to administer epinephrine via pre-filled, single-dose auto-injector mechanism to _____ for anaphylaxis when a nurse is not physically present at the scene, in accordance with P.L.2007, c.57.

Each designated staff member:

1. Is willing to learn and assume responsibility
2. Has demonstrated competency and good judgment.
3. Is available to the pupil where anaphylaxis is likely to occur.
4. Has been trained to use an EpiPen and a twinjet.

Neither the capability of self-administration, nor a co-morbidity of asthma should preclude a delegation of epinephrine administration for a student for anaphylaxis. Epinephrine and a trained adult user must be immediately available and accessible to the child who needs it. If the procedure specified in P.L.2007,c57 are followed, the district shall not have liability as the result of any injury arising from the administration of epinephrine to the pupil and we the parents or guardians, indemnify and hold harmless the district, school, and its employees or agents against any claims arising out of the administration of the epinephrine to the pupil.

Permission is effective for the school year in which it is granted and is renewed for each subsequent year.

Student's Name: _____

Parent/Guardian Signature: _____

Date: _____

**Authorization for Administration of Emergency Medication
For School Year _____**

_____ has a potentially life-threatening allergy that could result in anaphylaxis. This student requires emergency administration of epinephrine by a pre-filled single dose auto-injector mechanism containing epinephrine in the event of an anaphylactic reaction.

If the procedures specified in P.L.2007 c57 are followed, the district or non-public school shall have no liability as a result of any injury arising from the administration of a pre-filled single dose auto-injector mechanism containing epinephrine to the pupil, and the parents or guardians indemnify and hold harmless the district, school and its employees or agents against any claims arising out of the administration of a pre-filled auto-injector mechanism containing epinephrine to the pupil.

The school nurse shall have the responsibility of administration of auto-injectable epinephrine. The school nurse shall designate, in consultation with the administration, additional employees of the school to administer auto-injectable epinephrine to a pupil for anaphylaxis when the nurse is not physically present at the scene, as specified in P.L.2007 c57.

Neither the capability of self-administration, the presence of an antihistamine in the doctor's order, nor a co-morbidity of asthma should preclude a delegation of epinephrine administration for a student for anaphylaxis. Epinephrine and a trained adult user must be immediately accessible to the allergic child.

Permission is effective for the school year in which it is granted and is renewed for each subsequent year.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION ON NEED-TO-KNOW BASIS

Reverend George A. Brown Memorial School strives to protect the well-being of our students, especially those with special health needs. This includes assisting teachers, students and administrators to adapt to a student's health needs.

Because of this commitment it is important that certain confidential information about the student's health be shared with different staff members. This information will be used to plan for the care and management of the student. It will be shared with those members of the professional staff who have direct responsibility for the student when in school or participating in school activities.

Please complete the release below:

I hereby authorize an exchange of information to occur between the school nurse, my child's physician and those members of the professional staff that have direct responsibility for my child when in school or when participating in school activities. Permission is effective for the school year in which it is granted and is renewed for each subsequent year.

Student's Name: _____

Parent/Guardian Signature: _____

Date: _____