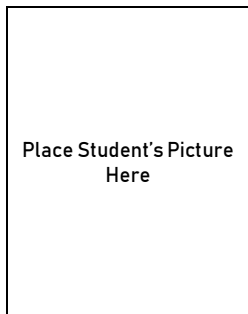




ALLERGY EMERGENCY ACTION PLAN
 PLAN DE ACCIÓN EN CASO DE EMERGENCIA POR ALERGIAS

(Medically Confidential Material)
 (Información médica confidencial)



PLEASE PRINT: *Escriba en letra de molde:*

Student Name: _____ Date of Birth: _____
Nombre del alumno: _____ *Fecha de nacimiento:* _____

Teacher Name: _____ Grade: _____
Nombre del maestro: _____ *Grado:* _____

ATTACH COPY OF STUDENT EMERGENCY CARD FOR ADDITIONAL INFORMATION
PARA MAYOR INFORMACIÓN, ADJUNTE UNA COPIA DE LA TARJETA DE EMERGENCIA DEL ALUMNO

ALLERGY: ***an acquired hypersensitivity to a substance that does not normally cause a reaction.***
 ALERGIA: *Es una hipersensibilidad adquirida a una sustancia que normalmente no causa una reacción.*

Identify your child's allergen (specific foods, plants, grasses, insect stings/bites): _____
Identifique el alérgeno de su hijo(a) (alimentos específicos, plantas, césped, picaduras/mordeduras de insectos):

Does your child have asthma/RAD? Yes *Si** No NOTE: * represents a high risk for severe reaction.
¿Su niño tiene asma?/RAD (Enfermedad reactiva de las vías respiratorias) **NOTA: * representa un alto riesgo de reacción grave.**

Signs and symptoms associated with your child's allergic reaction: (Circle all that apply)
Signos y síntomas asociados con la reacción alérgica de su hijo(a): (Marque con un círculo todo lo que corresponda)

- Mouth Itching, tingling, or swelling of lips, tongue, mouth • *Boca Picazón, hormigueo o inflamación de los labios, lengua, boca*
- Skin Hives, itchy rash, swelling of the face or extremities • *Piel Urticaria, brote con picazón, inflamación de la cara o extremidades*
- Stomach Nausea, abdominal cramps, vomiting, diarrhea • *Estómago Náusea, cólicos abdominales, vómito, diarrea*
- Throat ** Tightening of throat, hoarseness, hacking cough • *Garganta** Siente que se le cierra la garganta, ronquera, tos seca*
- Lung ** Shortness of breath, repetitive coughing, wheezing • *Pulmones** Dificultad para respirar, tos continua, jadeo*
- Heart ** Thready pulse, low blood pressure, fainting, pale, blueness • *Corazón** Pulso débil, presión arterial baja, desmayo, se pone pálido, morado o azul*

NOTE: The severity of symptoms can quickly change. ** Symptoms can potentially progress to a life-threatening situation.
NOTA: La gravedad de los síntomas puede cambiar rápidamente. ** Los síntomas pueden potencialmente progresar a una situación que ponga la vida en peligro.

Procedure for allergic reaction: *Procedimientos a seguir en presencia de una reacción alérgica:*

- If an ALLERGIC REACTION is suspected, administer the following immediately!
Si se sospecha una REACCIÓN ALÉRGICA, inmediatamente administre lo siguiente:

	<i>MEDICATION Medicamento</i>	<i>DOSAGE Dosis</i>	<i>ROUTE Vía</i>
Ingestion: <i>Ingestión:</i>	_____	_____	_____
Contact: <i>Contacto:</i>	_____	_____	_____
Insect Sting/Bite: <i>Picadura/mordedura de insecto:</i>	_____	_____	_____

- CALL: RESCUE SQUAD (911) and notify that the call is being made for an allergic reaction.
LLAMAR AL SISTEMA MÉDICO DE EMERGENCIA (911) e informarles que la llamada se hace por motivo de una reacción alérgica.
- CALL: Mother Phone: _____ Father Phone: _____ Or An Emergency Contact
LLAMAR Teléfono Madre: _____ Teléfono Padre: _____ O a una persona de contacto en emergencias

Emergency contacts: *Personas de contacto en emergencias:*

	<i>NAME Nombre</i>	<i>RELATIONSHIP Relación</i>	<i>PHONE Teléfono</i>
1)	_____	_____	_____
2)	_____	_____	_____

- CALL: Physician _____ Phone _____
LLAMAR Médico _____ Teléfono _____

EMERGENCY MEDICATIONS: *MEDICAMENTOS DE EMERGENCIA:*

As indicated by the initials in the box to the left, the parent/guardian shall provide the school nurse with medication for this condition to be administered PRN (on an as needed basis).
Como lo indican las iniciales en el cuadro de la izquierda, uno de los padres/tutor legal proporcionará a la enfermera escolar el medicamento para esta afección, para ser administrado cuando sea necesario (PRN).

- EpiPen® • Auvi-Q™ • Benadryl • Any other medication or equipment/supplies student requires
Cualquier otro medicamento o equipo/materiales que requiera el alumno

Office Use Only: # Rec'd _____ Expires: _____ Location(s): Health Office _____ Classroom _____ Cafeteria _____ PE _____
 Original: School Nurse Copy: Teacher(s)/Applicable School Personnel Copy: Applicable Departments, e.g., Food Services, Transportation

Could this physical impairment substantially limit a major life activity?

¿Este trastorno físico podría limitar considerablemente una actividad fundamental de la vida?

 No

 Yes *Sí**

Special instructions from physician (if needed):

Instrucciones especiales del médico (si se necesitan): _____

Release of Information:

The undersigned parent/guardian authorizes the release and/or exchange of medical information between the school nurse and my child's physician named above as it relates to this medical condition. I further authorize the school nurse to distribute copies of this document in accordance with the distribution list below to ensure the safe and proper care of my child while being transported to and from school as well as during school hours. I understand that professional staff will use the medical information given or received and that this information will not be released to any other party not designated herein.

Dar a conocer información:

El padre de familia/ tutor legal abajo firmante autoriza a comunicar y/ o intercambiar información médica entre la enfermera escolar y el médico de mi hijo(a) indicado arriba, en lo relacionado a esta afección médica. También autoriza a la enfermera escolar a que distribuya copias de este documento de acuerdo a la lista de abajo, para garantizar el cuidado seguro y apropiado de mi hijo(a) mientras sea transportado(a) a la escuela y desde ella, lo mismo que durante horas de clase. Entiendo que el personal profesional usará la información médica dada o recibida y que esta información no será dada a ninguna otra persona o grupo que no esté designado en este documento.

Parent/Guardian Signature

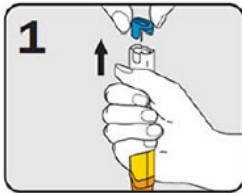
Firma de un padre de familia/ tutor legal

Date

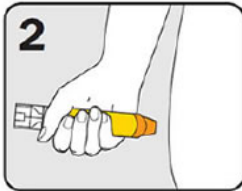
Fecha

EpiPen® or EpiPen® Jr

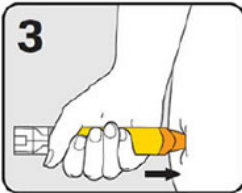
How to give EpiPen® or EpiPen® Jr adrenaline (epinephrine) autoinjectors



1. Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



2. Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing).



3. PUSH DOWN HARD until a click is heard or felt and hold for 3 seconds

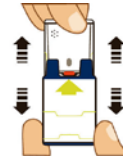
REMOVE EpiPen®

Note: All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

Auvi-Q™

DIRECTIONS FOR USE

1. Pull Auvi-Q™ from the outer case



Do not proceed to step 2 until you are ready to use Auvi-Q™. If not ready to use, replace the outer case.

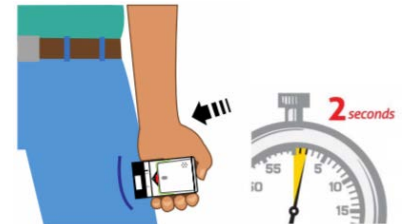
2. Pull off Red safety guard



To avoid an accidental injection, never touch the black base of the auto-injector. If an accidental injection does occur, seek medical help immediately.

NOTE: The safety guard is meant to be tight. Pull firmly to remove.

3. Place black end against the middle of the outer thigh (through clothing, if necessary), then press firmly and hold in place for two (2) seconds. Each device is a single-use injection.



Only inject into the middle of the outer thigh (upper leg). Do not inject into any other location. Note: Auvi-Q™ makes a distinct sound (click and hiss) when activated.

This is normal and indicates Auvi-Q™ is working correctly. Do not pull Auvi-Q™ away from your leg when you hear the click and hiss sound.

4. Seek medical attention immediately

Replace the outer case and take your used Auvi-Q™ with you to a healthcare professional for proper disposal and a prescription refill.

AFTER using Auvi-Q™ Seek medical attention immediately.

Once EpiPen®, EpiPen® Jr or Auvi-Q™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.