

Mercer Co. Schools
Allergy & Anaphylaxis



Student's Name: _____ Date of Birth: _____
 Grade: _____ School: _____ School Transportation: Bus AM _____ PM _____ Car Driver
 Allergies: _____ Asthma? Yes No
 School Sponsored Sports & Activities your child is involved in: _____



ALLERGIC TO: _____

Please list above only those foods/substances causing a **LIFE-THREATENING allergic reaction** in your child

Describe the type of reaction that will occur if your child has contact with the above allergen: _____

Has your child ever had an anaphylactic (life-threatening) reaction? Yes No

If exposure to and/or ingestion of allergen occurs or is suspected, activate the following **Emergency Plan of Action**: Contact School Nurse immediately
AND Monitor student for symptoms **AND** Provide treatment as indicated below

Mild Allergic Reaction

<u>Symptoms</u>	<u>Treatment</u>
<ul style="list-style-type: none"> • Itchy nose, sneezing, itchy mouth • A few hives • Mild stomach nausea or discomfort 	<ul style="list-style-type: none"> • Stay with child and: • Monitor child closely • Give antihistamine if prescribed or per standing orders if indicated • Call parent/guardian • If symptoms of severe allergy/anaphylaxis develop, see below

Moderate to Severe Allergic Reaction

<u>Symptoms</u>	<u>Treatment</u>
<p>If the child has <u>any</u> of these symptoms after exposure to allergen, give epinephrine.</p> <ul style="list-style-type: none"> • Shortness of breath., wheezing, or coughing • Pale or blue skin color • Weak pulse • Fainting or dizziness • Tight or hoarse throat • Difficulty breathing or swallowing • Swelling of lips or tongue that affect breathing • Vomiting or diarrhea (if severe and combined with other symptoms) • Many hives or redness over body • Feeling of "doom", confusion, altered consciousness, or agitation 	<ol style="list-style-type: none"> 1.) Give epinephrine right away Note time when administered 2.) Call 911 (or ask another staff member) 3.) Stay with the child AND: <ul style="list-style-type: none"> ➤ Call parent/guardian or emergency contact ➤ Give second dose of epinephrine, if symptoms worsen, or do not improve within 5 minutes ➤ Keep child lying down on his/her side 4.) Give other medicine, if prescribed. Do not use other medication in place of epinephrine.

Medication to be administered as follows:

- Epinephrine (intramuscular into upper thigh): _____ 0.15mg per dose (equivalent to EpiPen Jr) _____ 0.3mg per dose (equivalent to EpiPen, >55 lbs)
 Antihistamine (drug, route, dose): _____
 Bronchodilator (drug, dose): _____

Provider Initials:

Student may carry medication? ___ Yes ___ No Student may self-administer medication? ___ Yes ___ No

Provider Printed Name: _____ Provider Signature _____ Date: _____

To Be Completed By Parent/Guardian

I give permission for _____ to receive the above medication(s) or treatment at school according to standard school policy and expressly hold harmless and waive any liability on behalf of the school or its employees and agents concerning any injuries or reactions resulting from administration of the above medication unless such as the result of negligence or misconduct on behalf of the school or its employees. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable the physician's orders to be followed. I also give permission for this plan to be available for use in my child's school and for the nurse to contact the physician when necessary to carry out this plan.

Signature of Parent/Guardian: _____ Date: _____

Phone Number(s) of Parent/Guardian: Cell _____ Work _____ Home _____

Other Emergency Contact Name: _____ Phone: _____

Staff Use Only: IC Teachers Bus Sports/Activities