



Carroll ISD Health Services

Parental Authorization for Allergy Action Plan

Parent please answer:
 Special Ed services? yes / no
 Active 504 plan? yes / no
 I would like 504 information yes / no

Name: _____ D.O.B.: _____ Grade/Teacher: _____
 Parent/Guardian: _____ Phone: _____
 Parent/Guardian: _____ Phone: _____
 Transportation: Car rider Walker Drives self Rides bus # _____
 Before/After school activities: Athletics Band Club: _____ Tutoring Other _____

History of Allergic Reaction

Allergic to: _____ Age Discovered: _____
 Allergic reaction was caused when allergen was: Eaten Touched Inhaled Other: _____
 Describe what happened: _____

Has student required epinephrine to treat an allergic reaction? No Yes, when: _____
 Does student need to eat at peanut/tree nut-free lunch table? No Yes
 When was student's last allergic reaction & how was it treated? _____
 Does student have asthma (higher risk of allergic reaction)? No Yes

Emergency Medications

CISD medication Administration Request form (MAR) must accompany all medications & contain a physician's signature for prescription medication.

Medication Type	Medication Name	Dose	Location
Epinephrine			<input type="radio"/> Clinic <input type="radio"/> Student Carries <input type="radio"/> Both
Antihistamine			<input type="radio"/> Clinic <input type="radio"/> Student Carries <input type="radio"/> Both
Other (inhaler/bronchodilator)			<input type="radio"/> Clinic <input type="radio"/> Student Carries <input type="radio"/> Both

Will teacher carry back-up emergency medication for any before/after school-sponsored activities? No Yes

Allergy Action Plan

For **ANY** of the Following **SEVERE** Symptoms

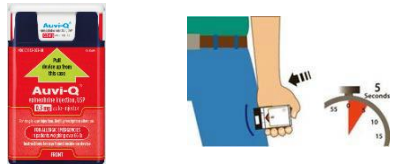
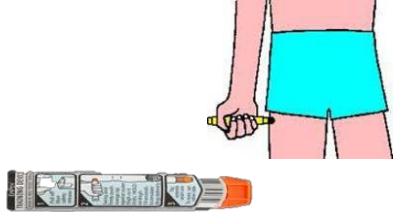


 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips	 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas
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1. **INJECT EPINEPHRINE IMMEDIATELY**
2. **CALL 911** & tell EMS epinephrine was administered for possible anaphylaxis.
3. Closely monitor person until EMS arrives. Perform CPR & maintain airway if necessary.
4. Lay person flat, raise legs & keep warm. If breathing is difficult or they are vomiting, let person sit up or lie on their side.
5. Alert person's emergency contacts.
6. If after 5 minutes EMS hasn't arrived & symptoms persist or symptoms return, give another dose of epinephrine.
7. Give EMS epinephrine auto-injector labeled with name, date, & time medication was administered. Transport student to ER even if symptoms resolve.

For **ANY** of the Following **MILD** Symptoms

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort	<ol style="list-style-type: none"> 1. Administer antihistamine if ordered by healthcare provider or parent. 2. Stay with the person; alert emergency contacts. 3. Watch closely for changes. If symptoms worsen, give epinephrine. <p>INJECT EPINEPHRINE FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA.</p>
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<p>How to use Auvi-Q epinephrine injection device (Kaleo)</p> <ol style="list-style-type: none"> 1. Remove Auvi-Q from the outer case. 2. Pull off red safety guard. 3. Place black end of Auvi-Q against the middle of the outer thigh. 4. Press firmly until you hear a click & hiss sound, & hold in place for 2 seconds. 5. Call 911 and get emergency medical help right away. 	 <p>The image shows the Auvi-Q device in its red outer case on the left. On the right, a diagram illustrates a person holding the device against their outer thigh. A circular inset shows a close-up of the device's tip with a red arrow pointing to the center and a '5 seconds' timer.</p>
<p>How to use EpiPen epinephrine auto-injector and authorized generic (Milan)</p> <ol style="list-style-type: none"> 1. Remove EpiPen Auto-Injector from the clear carrier tube. 2. Grasp the auto-injector in your fist with the orange tip pointing downward. 3. With your other hand, remove the blue safety release by pulling straight up. 4. Swing & push auto-injector firmly into middle of outer thigh until it “clicks.” 5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3). 6. Remove and massage the injections area for 10 seconds. 7. Call 911 and get emergency medical help right away. 	 <p>The image shows the EpiPen auto-injector in its clear carrier tube on the left. On the right, a diagram shows a person holding the auto-injector against their outer thigh. Below the diagram is a photograph of the auto-injector with its orange tip and blue safety release.</p>
<p>How to use IMPAX epinephrine injection auto-injector (generic of Adrenallick)</p> <ol style="list-style-type: none"> 1. Remove epinephrine auto-injector from its protective carrying case. 2. Pull off both blue end caps: you will see a red tip. 3. Grasp the auto-injector in your fist with the red tip pointing downward. 4. Put the red tip against the middle of the outer thigh as a 90 degree angle, perpendicular to the thigh. 5. Press down hard & hold firmly against thigh for approximately 10 seconds. 6. Remove and massage the area for 10 seconds. 7. Call 911 and get emergency medical help right away. 	 <p>The image shows the IMPAX auto-injector in its protective carrying case on the left. On the right, a diagram shows a person holding the auto-injector against their outer thigh at a 90-degree angle. Below the diagram is a photograph of the auto-injector with its red tip and blue end caps.</p>
<p>How to use TEVA’s generic epinephrine auto-injector (TEVA Pharmaceutical)</p> <ol style="list-style-type: none"> 1. Quickly twist the yellow or green cap off the auto-injector in the direction of the “twist arrow” to remove it. 2. Grasp auto-injector in your fist with orange tip (needle end) pointing down. 3. With your other hand, pull off the blue safety release. 4. Place the orange tip against the middle of the outer thigh as a right angle (perpendicular) to the thigh. 5. Swing & push auto-injector firmly into middle of outer thigh until it “clicks.” 6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3). 7. Remove and massage the injection area for 10 seconds. 8. Call 911 and get emergency medical help right away. 	 <p>The image shows the TEVA auto-injector in its protective carrying case on the left. On the right, a diagram shows a person holding the auto-injector against their outer thigh. A yellow arrow indicates the direction to twist the cap. Below the diagram is a photograph of the auto-injector with its orange tip and blue safety release.</p>

Student Self-Management Skills

Can student:

- | | | | |
|--|---------------------------|--------------------------|--|
| • Identify allergen and avoid exposure? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Needs assistance |
| • Identify early signs/symptoms of an allergic reaction & obtain assistance? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Needs assistance |
| • Self-carry epinephrine? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Needs assistance |
| • Self-administer epinephrine (requires physician-signed MAR in clinic)? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Needs assistance |
| • Consistently self-carry emergency medications at school and school activities? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Needs assistance |
| • Self-carry a rescue inhaler if prescribed? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Needs assistance |
| • Self-administer inhaler (requires physician-signed MAR in clinic)? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Needs assistance |

Parental Authorization

I grant permission to Carroll ISD to follow the above Action Plan for my child and to take whatever measure in their judgement may be necessary to provide emergency medical services consistent with this Action Plan, including the administration of medication to my child. I give permission to Carroll ISD to contact my physician for additional information as necessary. I grant the school nurse permission to share this Action Plan with my student’s teacher(s). I also authorize Carroll ISD staff members to share the contents of my child’s Action Plan with chaperones and other volunteers at school events or field trips as necessary to ensure the safety and well-being of my child.

Parent/Guardian Signature

Date

Revised 5/11/2020