

Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Child's name: _____ Date of plan: _____

Date of birth: ____/____/____ Age ____ Weight: _____ kg

Child has allergy to _____



- Child has asthma. Yes No (If yes, higher chance severe reaction)
Child has had anaphylaxis. Yes No
Child may carry medicine. Yes No
Child may give him/herself medicine. Yes No (If child refuses/is unable to self-treat, an adult must give medicine)

IMPORTANT REMINDER

Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

For Severe Allergy and Anaphylaxis What to look for

If child has ANY of these severe symptoms after eating the food or having a sting, **give epinephrine.**

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation

SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine.**

Give epinephrine! What to do

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911.
 - Ask for ambulance with epinephrine.
 - Tell rescue squad when epinephrine was given.
3. Stay with child and:
 - Call parents and child's doctor.
 - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
 - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
 - Antihistamine
 - Inhaler/bronchodilator

For Mild Allergic Reaction What to look for

If child has had any mild symptoms, **monitor child.**
Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

Monitor child What to do

Stay with child and:

- Watch child closely.
- Give antihistamine (if prescribed).
- Call parents and child's doctor.
- If more than 1 symptom or symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

Medicines/Doses

Epinephrine, intramuscular (list type): _____ Dose: 0.10 mg (7.5 kg to less than 13 kg)*
 0.15 mg (13 kg to less than 25 kg)
 0.30 mg (25 kg or more)

Antihistamine, by mouth (type and dose): _____ (*Use 0.15 mg, if 0.10 mg is not available)

Other (for example, inhaler/bronchodilator if child has asthma): _____

Parent/Guardian Authorization Signature _____ Date _____

Physician/HCP Authorization Signature _____ Date _____

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Child's name: _____ Date of plan: _____

Additional Instructions:

Contacts

Call 911 / Rescue squad: _____

Doctor: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Other Emergency Contacts

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

**PARENT/GUARDIAN
REQUEST TO ADMINISTER MEDICATION IN SCHOOL**

Name _____ Grade _____ Room _____ School _____

Please administer prescribed medication to our child according the Physician Medication Instructions.

As a parent/guardian of _____, we hereby release the Fox Chapel Area School District and all its employees from all liability for damages our child may suffer as a result of this request.

_____ Date

_____ Signature of Parent/Guardian

PHYSICIAN'S MEDICATION INSTRUCTIONS

The parent/guardian has requested that medication be administered during the school day. If you feel it essential that the medications(s) be administered during the school day, we require completion of the information below.

Diagnosis _____

Medication _____	Dosage _____	Administration _____	Time _____
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Medication _____	Dosage _____	Administration _____	Time _____
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Self-administration with adult supervision: Yes _____ No _____

Possible side effects _____

Curtailment of school activity (sports, shop, labs, driver's ed., etc.) _____

Duration: From _____ / _____ / _____ to _____ / _____ / _____
Month Day Year Month Day Year

Other medications student is taking outside school hours _____

Comments _____

Date _____	Physician's Signature _____	Telephone Number _____
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FOX CHAPEL AREA SCHOOL DISTRICT
GUIDELINES FOR ADMINISTERING MEDICATION

Medication should be given at home. Should the need arise for a student to be given medication during school hours, these procedures must be followed:

1. Written instructions signed by a physician with the diagnosis, medication, dosage, length of time to be given, possible side effects, and parent signature is required for all types of medication. Forms are available from the Certified School Nurse.
2. It is the parent's responsibility to maintain an adequate supply of medication throughout the school year.
3. **Medications must be brought to the School Nurse by the parent/guardian in the prescription-labeled container that must remain at school.**
4. If the School Nurse is not available, the building Principal or Acting Principal will accept and sign for medication.
5. Over-the-counter medication such as Advil, Tylenol, cough drops, will not be administered to Kindergarten- 8th grade unless prescribed by a physician.
6. The Certified School Nurse will review all new medication requests.
7. The first dose of a new medication: *It is the parent's responsibility to give the first dose when the child is able to stay at home to ascertain the child's reaction to the medication.*
8. Medications will be discarded one week following termination date or conclusion of the school year, unless return is requested by the parent. **Medication will be returned to the parent or an adult designee only.**

Field Trip Medication

1. Children with serious, life threatening or potentially life threatening medical conditions may request that medications be given on a field trip. No other medication will be permitted. Any parent who has a child needing medication in such a situation should contact the Certified School Nurse.

NOTE: According to the American Academy of Pediatrics, life threatening conditions may include but are not limited to, conditions such as: Asthma, diabetes, seizure disorders, hormonal disorders or severe allergy.

2. Parents of students who receive routine medication during school hours may choose to have the child not receive his/her medication on the day of the field trip. Otherwise, the parent may accompany the child on the field trip or make other arrangements with the Principal.

**NO MEDICATION WILL BE ADMINISTERED AT SCHOOL UNLESS ALL
REQUIREMENTS OF THE MEDICATION POLICY ARE MET**