

Supplement to the AAP Allergy & Anaphylaxis Action Plan



Student Name: _____

Student DOB: _____

Administration of Allergy / Anaphylactic Medication & Action Plan by Oakwood Staff

- **Action Plans must be updated and resubmitted to the clinic before the first day of classes each school year.** If a medication dose or administration time changes, the parent/guardian is responsible for updating and obtaining new authorization before submitting it to the Oakwood clinic.
- This form must accompany the Allergy & Anaphylaxis Emergency Action Plan (pages 2-3) completed by a licensed prescriber. No other documentation/recommendations will be accepted in lieu of this form.
- **Allergy/Emergency medication must arrive at the clinic in a new, unexpired, container directly from the pharmacy.** A parent or guardian is required to be present to log medication into the school clinic.
- In the event a medication expires during the school year, a parent/guardian will be notified and must pick up the expired, unused, portion of the medication. Medication that is not claimed will be destroyed in accordance with FDA regulations and recommendations.

Please identify if your child has ever received emergency medication because of an allergic reaction or anaphylaxis:

We have never had to administer emergency medication. Yes, we have administered: _____
date of most recent.

I, _____, hereby authorize Oakwood School personnel to administer medication as directed by this authorization and as outlined on the Allergy & Anaphylaxis Emergency Plan. I have read and agree to the procedure & process as outlined on this form.

Parent/Guardian Signature: _____ Date: _____

Complete if you would like your child to carry/self-administer emergency allergy/anaphylactic medication:

_____ is authorized by a licensed prescriber to carry & self-administer emergency medication in response to an allergy or anaphylactic reaction at Oakwood School. Medication must be logged & documented with the Oakwood clinic before a student may self-carry.

I, _____, acknowledge that my child is responsible for carrying the emergency medication and adhering to the licensed prescriber's orders as outlined in the attached Allergy & Anaphylaxis Emergency Plan.

Parent/Guardian Signature: _____ Date: _____

The following is to be completed by authorized Oakwood Staff at medication intake:

| | Allergy/Anaphylaxis Medication: | Date | Count | Parent | Staff |
|---|---------------------------------|---|------------------|--------|-------|
| | | <input type="checkbox"/> Both docs completed <input type="checkbox"/> Student Name matches <input type="checkbox"/> Expiration Date | Expiration Date: | | |
| <input type="checkbox"/> Medication in Clinic <input type="checkbox"/> Medication with Student | Allergy/Anaphylaxis Medication: | | | | |
| | Expiration Date: | | | | |
| Pick up Process: | | | | | |

Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics

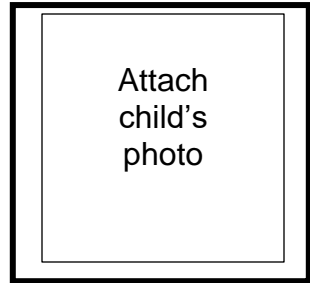
DEDICATED TO THE HEALTH OF ALL CHILDREN®



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

Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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: _____

Please submit this completed form to oakwood@oakwoodschoo.com along with a complete copy of the Oakwood School Supplement to the AAP / Anaphylaxis Emergency Action Plan (three pages in total).