



Notice to parents/guardians re: Summer Allergy Action Plan

While Lakeside School is a private institution, we voluntarily adopt the standard of safety outlined in the law applicable to public schools (RCW 28A.210.320) concerning children with life-threatening conditions, reflecting our commitment to maintaining a similar level of safety and care for our students. 'Life-threatening conditions' refer to those posing a danger to a child's life during the school day without a valid medication or treatment order ("Action Plan"). **Please ensure your student possesses the necessary medications as outlined in the Allergy Action Plan either on their person or securely stored with the school nurse in the Health Room on or before the first day of summer programs/camp.** If a student with such a condition lacks this documentation and medication at summer programs/camp, Lakeside's summer administration is required to exclude them until the necessary documentation and medication is provided. Providing the appropriate Action Plan grants Lakeside's School Nurse authority to administer required care, as mandated by RCW 18.79.260(2),

If your student is prescribed an Epi-Pen, then their allergy is considered life-threatening or severe, and an Action Plan is warranted, whether they have experienced anaphylaxis or not.

The "Allergy Action Plan" substitutes the "Medication at Lakeside School" form if a student solely needs allergy medication at summer programs/camp. For students needing non-allergy medications, like over the counter or prescription drugs, alongside allergy management, both the "Medication at Lakeside School" form and the "Allergy Action Plan" should be completed. The "Allergy Action Plan" addresses allergy-specific medication needs, while the "Medication at Lakeside School" form encompasses a broader range of medication requirements. Parents and guardians are advised to complete the appropriate form based on the student's specific medication needs.

Forms can be found on Summer at Lakeside Health & Safety page and submitted on CampBrain. If your child has seen their doctor within the last year, *you likely do not need to make an additional appointment to get this form filled out.* Try calling your doctor's office or using MyChart to ask for the completion of the below form.

We appreciate your cooperation in implementing this change to prioritize the safety and well-being of your student.

Lakeside School 14050 1st Ave NE Seattle, WA 98125	Lakeside Middle School 13510 1st Ave NE Seattle, WA 98125	ATTENTION: Joy Irvin, School Nurse PHONE: (206)440-2906 FAX: MS: (206)368-3639 US: (206)368-2638 EMAIL: joy.irvin@lakesideschool.org
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Allergy Action Plan

Please ensure all necessary medications are listed for the summer programs day. This includes, at minimum, an antihistamine and epinephrine auto-injector (EAI). Consider any daily antihistamines, inhalers, or other medications, as applicable to your child's Allergy Action Plan.

Parent/Guardian complete the section below:

<p>Student's Name _____</p> <p>Date of Birth _____ Grade _____ Weight _____</p> <p>Valid for: <input type="checkbox"/> 2024 summer programs <input type="checkbox"/> 2024-2025 school year <input type="checkbox"/> 2025 summer programs</p> <p>Where is emergency medication stored on a standard school day? (if authorized for self-carry): (ex. in backpack, in fanny pack)</p> <p>_____</p> <p>When was the last severe reaction that warranted use of the Epi-Pen? (month/year or N/A):</p> <p>_____</p> <p>Does your student have asthma? <input type="checkbox"/> Yes (higher risk for a severe reaction) <input type="checkbox"/> No</p>
<p>Please Check One Box:</p> <p><input type="checkbox"/> I request that authorized persons at my school assist my child in taking medicine described below. I also give my permission for the exchange of information between the school nurse and the Health Care Provider. As a result of this authorization, I agree to indemnify and hold harmless Lakeside School, its agents, employees, and board members against all claims, judgments, or liability who administer and/or monitor the medication.</p> <p><input type="checkbox"/> I request that my child be allowed to self-administer medication. I also give my permission for the exchange of information between the school nurse and Health Care Provider. I shall hold harmless and indemnify Lakeside School, its agents, employees, and board members against all claims, judgments, or liability arising out of self-administration and carrying of medication by my child.</p> <p><input type="checkbox"/> I am 18 years or older and am signing this form on my own behalf (RCW 26.28.015 or RCW 70.02.130) to request that I be allowed to self-administer medication. I also give my permission for the exchange of information between the school nurse and my Health Care Provider. I shall hold harmless and Lakeside School, its agents, employees, and board members against all claims, judgments, or liability arising out of self-administration and carrying of medication.</p>
<p>By signing below, I acknowledge Lakeside School's policy, which requires the school to initiate a 911 call if my child receives epinephrine. The American Academy of Pediatrics states that because of the unpredictable nature of anaphylaxis, it is impossible to predict the timing or severity of an episode from person to person, or even event to event, in the same person. Therefore, all cases will be escalated to emergency medical personnel, followed promptly by notifying a parent/guardian.</p>
<p>Parent/Guardian Signature:</p> <p>Date:</p>



Health Care Provider complete the section below:

Student Name _____ **DOB** _____

Valid for: 2024 summer programs 2024-2025 school year 2025 summer programs

Allergens: _____

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

See the attached chart from FARE (page 3) for when to give the following medications.

MEDICATION	DOSAGE	TIME GIVEN/ FREQUENCY	ROUTE
Antihistamines: <input type="checkbox"/> Benadryl/diphenhydramine Liquid: 12.5mg/5mL = _____ tsp(s) or Pill: 25mg tabs = _____ tab(s) <input type="checkbox"/> Zyrtec/cetirizine Liquid: 5mg/5mL = _____ tsp(s) or Pill: 10mg = _____ tab(s)		when exposed to allergen	PO/by mouth
<input type="checkbox"/> Epinephrine autoinjector (include brand if able)	<input type="checkbox"/> 0.1 mg <input type="checkbox"/> 0.15 mg <input type="checkbox"/> 0.3 mg	when exposed to allergen; <u>can</u> <u>receive a second dose after:</u> <input type="checkbox"/> 5 min <input type="checkbox"/> 10 min <input type="checkbox"/> 15 min if symptoms persist	IM/intramuscular
Inhaler	_____ mcg _____ puff(s)	Can administer first dose if symptomatic. Second dose after _____ min. Then, can be repeated every _____ hours.	Inhaled

YES – self carry & self-administer

I have instructed this student in the proper way to use his/her/their medications. It is my professional opinion that this student should be allowed to carry and use that medication by him/her/their self, unless medically unable to do so.

NO – self carry & self-administer

It is my professional opinion that this student should not carry his/her/their medication by him/her/their self. It should be stored in a safe place for quick access and not on their person.








**Signature of Licensed Health Provider
with Prescriptive Authority:**

Date:

Health Care Provider: _____

Phone _____ Fax _____





FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS

			
LUNG	HEART	THROAT	MOUTH
Shortness of breath, wheezing, repetitive cough	Pale or bluish skin, faintness, weak pulse, dizziness	Tight or hoarse throat, trouble breathing or swallowing	Significant swelling of the tongue or lips
			OR A COMBINATION of symptoms from different body areas.
SKIN	GUT	OTHER	
Many hives over body, widespread redness	Repetitive vomiting, severe diarrhea	Feeling something bad is about to happen, anxiety, confusion	

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1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

			
NOSE	MOUTH	SKIN	GUT
Itchy or runny nose, sneezing	Itchy mouth	A few hives, mild itch	Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.