

CARLISLE PUBLIC SCHOOLS

Carlisle, Massachusetts

Dear Parent/Guardian,

Attached you will find an **Emergency Allergy Action Plan**. This form should be submitted on or before the first day of school. We ask that you and your child’s Allergist or Primary Care Provider (PCP) complete and sign this form annually so that we will have permission to treat your child in the event of a life-threatening allergic reaction. If your child’s PCP has an alternate form that includes the same information, that form may be used. These forms must be signed by a physician.

We ask that an updated EpiPen be kept in the School Health Office at all times. When possible, please provide an Epi-pen that does not expire during the school year. This EpiPen will be sent on all field trips, along with a copy of the Emergency Action Plan to insure the safety of the student. Our staff is trained on a yearly basis on allergies and EpiPen administration.

Parents should notify their bus driver of any allergies or medical considerations at the start of each school year. Snacks & lunch may be eaten in the classroom, lunchroom and/or outside. If you wish to develop an individualized plan, please contact the nurse.

Please note, Benadryl/oral allergy medication will not be sent on field trips. Antihistamines do not reduce the risk of anaphylaxis.

In Carlisle, Emergency Medical Services (EMS) are activated by a call to 911. In the case of an emergency, the Carlisle Fire Department transports to the nearest medical facility with an Emergency Department that is “Open” and accepts patients. Please feel free to discuss an Emergency Medical Plan, or medical situation such as Life-Threatening Allergies to food, latex, and stinging insects with the EMS Coordinator of the Carlisle Fire Department.

Lauren Sawyer RN
Carlisle Public School Nurse
Phone/Fax (978)371-7075

To all Parents/Guardians:

I have read and reviewed the Emergency Allergy Action Plan formulated by my child’s physician. I agree that it may be placed on file as a part of my child’s school health record, and the necessary information be shared with my child’s teachers and staff.

Parent/Guardian Signature _____ **Date** _____

I have reviewed the Emergency Allergy Action Plan and have incorporated it in the student’s health record.

Nurse Signature _____ **Date** _____

**CARLISLE PUBLIC SCHOOL
EMERGENCY ALLERGY ACTION PLAN**

Photo may be
placed here

Name: _____ DOB: _____

Grade: _____ Homeroom Teacher: _____

Allergies: _____

Asthma: Yes (higher risk for severe reaction) No

History of previous reaction: Yes No If yes, date? ____ What were the symptoms? _____

Location of child's epinephrine auto injector: Nurse's Office Backpack Other _____

I wish for my child to sit at the Allergy Table in the cafeteria: Yes No

My child will self carry their epinephrine auto injector: Yes No

If deemed appropriate, my child will self administer their epinephrine auto injector: Yes No

SIGNS OF AN ALLERGIC REACTION

Skin system: hives, swelling (face, lips, tongue), itching, warmth, redness

Respiratory system (breathing): coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing

Gastrointestinal system (stomach): nausea, pain or cramps, vomiting, diarrhea

Cardiovascular system (heart): paler than normal skin color/blue color, weak pulse, passing out, dizziness or lightheadedness, shock

Other: anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

Only a few symptoms may be present. The severity of symptoms can change quickly. The above listed symptoms can be life-threatening. ACT FAST!

TO BE COMPLETED BY PHYSICIAN- EMERGENCY STEPS

Give epinephrine auto injector immediately following the onset of any generalized symptoms, such as those listed above, after accidental exposure to ingestion of known food allergen or if suspected anaphylactic reaction.

*******Benadryl will not be sent on field trips*******

- Inject epinephrine in thigh using (check one): EpiPen Jr. (0.15 mg) EpiPen (0.3 mg)
 Auvi-Q (0.15 mg) Auvi-Q (0.3 mg) Generic/other epinephrine auto injector (0.15 mg)
 Generic/other epinephrine auto injector (0.3 mg)
- Call 9-1-1. Tell Them someone is having a life-threatening allergic reaction and that epinephrine was administered.
- Go to the nearest hospital by ambulance even if symptoms have improved or stopped. The reaction could worsen or come back even after treatment.
- Call the emergency contact person.

Physician's Signature _____ Date _____

EMERGENCY CONTACT INFORMATION

Name/relationship _____ Home# _____ Wk# _____

Name/relationship _____ Home# _____ Wk# _____

Parent/Guardian Signature _____ Date _____