

Severe Allergy Emergency Action Plan

Student Name:	Severe Allergy To:	
School:	Year:	
Date of Birth:	Teacher:	Grade:
Bus # AM Bus # PM		
Parent/Guardian #1:	Daytime phone #:	Cell:
Parent/Guardian #2:	Daytime phone #:	Cell:
Emergency Contact:	Daytime phone #:	Cell:
Healthcare Provider:	Office #:	

Location of Epinephrine Auto-Injector: _____

Other allergy medications at school: _____ **Location:** _____

A student may have a delayed allergic reaction up to **2 hours** following food ingestion, bee sting, etc. Adults supervising the student should be aware of the exposure and should watch for any delayed reaction.

<p>AVOID:</p> <ul style="list-style-type: none"> • _____ • For Food Allergies Reactions may occur from (circle all that apply) <ul style="list-style-type: none"> - Eating - Drinking - Touching - Smelling 	<p>PREVENTION:</p> <ul style="list-style-type: none"> • Cafeteria staff informed of all food allergies • All staff responsible for student are aware of the severe allergy and symptoms to monitor for • Staff trained to administer allergy medication • Allergy medications available to student at all times • Discuss foods/insects/materials to avoid with student • Classmates and parents informed of the foods that are prohibited for class events
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<p>IF YOU SEE THIS:</p> <ul style="list-style-type: none"> • Reported or suspected exposure to allergen and <u>no</u> signs of allergic reaction • Symptoms of a mild allergic reaction: <ul style="list-style-type: none"> - Red, watery eyes - Itchy, sneezing, runny nose - Hives or rash on one part of body • Symptoms of a severe allergic reaction: <ul style="list-style-type: none"> - Hives/rash/itching spreading over body - Difficulty breathing and/or swallowing - Swelling of tongue, lips, face, neck, throat - Nausea, vomiting, diarrhea, abdominal pain - Pale and/or clammy skin - Loss of consciousness 	<p>DO THIS:</p> <ul style="list-style-type: none"> • If bee sting, remove stinger by scraping area with card • Remain with student, keep calm and quiet • Monitor for symptoms of allergic reaction (as below) • Notify School Nurse • Notify parent/guardian • Remain with student and monitor for symptoms of a severe allergic reaction (as below) • Give medicine _____ • Notify School Nurse • Notify parent/guardian • Remain with student, keep student calm and quiet • Administer Epinephrine Auto-Injector • Call 911 • Notify School Nurse • Notify parent/guardian
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**This information will be shared with any school staff members as deemed necessary unless you state otherwise. I agree to inform school staff of any change in my child's health status that would warrant change in this action plan.*

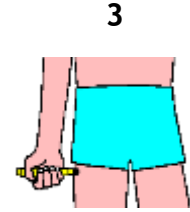
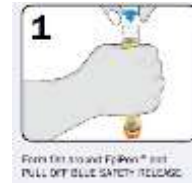
Yes **No** I hereby authorize the school nurse or principal and the above physician to share information relative to the health of my child named above.

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

Epipen® (Epinephrine) Auto-Injector Directions

1. Remove the Epipen® Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange top against mid-outer thigh.
4. Hold for approximately 3 seconds.
5. Remove and massage the area for 10 seconds.



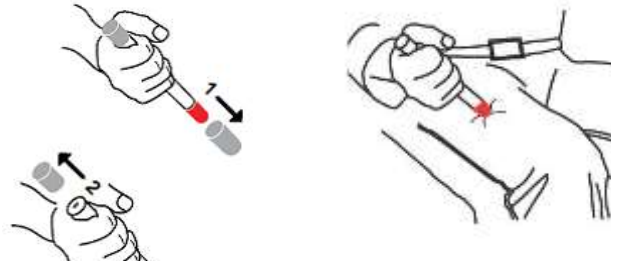
Auvi-Q™ (Epinephrine Injection, USP) Directions

1. Remove the outer case of Auvi-Q™. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against the mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



Adrenaclick®/Adrenaclick® Generic Directions

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



Once Epinephrine Auto-Injector is used, **call 911** and tell them that epinephrine has been given.

Place used auto-injector in the puncture-resistant case it came in and send it to the hospital with the student.

Office Use Only

Notification to:

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Bus | <input type="checkbox"/> EAP/IHP Notebook |
| <input type="checkbox"/> Specials | <input type="checkbox"/> First Responders | <input type="checkbox"/> Original to Health Folder |