

**Allergy Emergency Treatment Plan / Medication Authorization**

**Student:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Severe allergy to:** \_\_\_\_\_

**Emergency Treatment of Mild Allergy Reaction**

If student experiences mild symptoms of:

- Several hives
- Itchy skin
- Swelling at insect sting/bite
- Other: \_\_\_\_\_

Treat by:

1. Send student to nurse's office accompanied
2. Give \_\_\_\_\_ by mouth
3. Contact parent/guardian or emergency contact
4. Stay with student, monitor symptoms until guardian arrives
5. Watch for worsening symptoms listed below

**Emergency Treatment of Severe Allergy Reaction**

If student experiences severe symptoms of:

- Hives spreading over body
- Wheezing/difficulty breathing or swallowing
- Swelling of face/neck
- Vomiting
- Signs of shock ( paleness, gray in color, clammy skin)
- Tingling/swelling of the tongue
- Loss of consciousness

Treat by:

1. Give Epipen (epinephrine \_\_\_\_mg) IM immediately
2. Call 911 immediately (Epipen last approximately 20 minutes)
3. Contact parent/guardian or emergency contact

Authorization to self carry/self administer Epipen:

- Is self-medication permitted and recommended for this student? Yes \_\_\_ No \_\_\_
- Has the student been instructed in the safe self administration of this medication? Yes \_\_\_ No \_\_\_
- Does the student demonstrate safe self-administration technique? Yes \_\_\_ No \_\_\_
- Do you recommend this medication be kept "on person" by the student? Yes \_\_\_ No \_\_\_

Special

Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physicians signature

\_\_\_\_\_  
Date

I give permission to the school nurse and other designated trained staff members at Tishomingo County School District to perform and carry out treatment as outlined above. I also consent to the release of information to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date