

ALLERGY

Eastchester Union Free School District EMERGENCY ACTION PLAN

Student's name: _____ DOB: _____ Grade: _____

ALLERGY TO: _____

PHOTO ID

Mother/Guardian: _____ (H) _____

(C): _____ (W) _____

Father/Guardian: _____ (H) _____

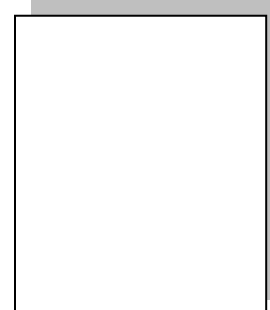
(C): _____ (W) _____

Emergency Contact: _____ (H) _____

(C): _____ (W) _____

Allergy Physician: _____ Phone: _____

Primary Care Physician: _____ Phone: _____



Asthmatic: Yes* No * High risk for severe reaction

If checked, give epinephrine immediately for ANY symptoms if allergen was likely consumed.

Signs of an allergic reaction include:

SYSTEMS:

- MOUTH
- THROAT
- SKIN
- GUT
- LUNG
- HEART
- Other

SYMPTOMS:

- itching & swelling of the lips, tongue or mouth
- itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
- hives, itchy rash, and/or swelling about the face or extremities, widespread redness
- nausea, abdominal cramps, vomiting, and/or diarrhea
- shortness of breath, repetitive coughing, and/or wheezing
- "thready" pulse, "passing-out", pale, blue, dizzy
- Feeling something bad is about to happen
- Any combination of symptoms from different body parts

THE SEVERITY OF SYMPTOMS CAN QUICKLY CHANGE. ALL ABOVE SYMPTOMS CAN POTENTIALLY PROGRESS TO A LIFE-THREATENING SITUATION!

ACTION:

1. Call school nurse, or administration if the school nurse is not available.
2. If an allergic reaction is suspected, give Epinephrine auto injector or assist student to administer his/her own Epinephrine auto injector. Please note time Epinephrine was administered
 - To administer an Epinephrine, you must have received training from your school nurse
3. Lay student flat and raise legs. If breathing difficulty or they are vomiting let them sit up or lie on their side.
4. Call 911. Alert the need for a paramedic to administer epinephrine.
5. Alert emergency contact.
6. Inform building administration that 911 has been called.
7. Keep the student calm.

Emergency Medications: Student is Independent and carries his/her own medication

Name of drug

Amount

1. Epinephrine auto injection* Junior (0.15 mg) or Adult (.30 mg)
2. Antihistamine* will be sent on field trips only if student is self-directed

* Medication permission sheet(s) must be on file in the Health Office

Do not hesitate to administer medication or call 911 even if parents cannot be reached!

Comments/Special Instructions: _____

Signature of parent/guardian: _____ Date: _____

Signature of Health Care Provider: _____ Date: _____