

SEVERE ALLERGY MEDICATION AUTHORIZATION & EMERGENCY RESPONSE PLAN – Page 1

☐ **SEVERE FOOD ALLERGY TO:** _____

☐ **SEVERE INSECT STING ALLERGY (list type if confirmed by testing):** _____

STUDENT:	BIRTH DATE:	SCHOOL YEAR: 2014-15
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☐ HISTORY OF SEVERE ALLERGIC REACTION ☐ MEDICAL TESTING CONFIRMED THIS ALLERGY → Date of last reaction: _____

Medication is in the: ☐ School office ☐ Student's backpack ☐ Other _____

ANAPHYLAXIS is a life threatening allergic reaction to a substance eaten, injected, inhaled or absorbed through skin. Neither an antihistamine nor an inhaler will stop anaphylaxis and are not replacements for epinephrine.

DO NOT HESITATE TO GIVE EPINEPHRINE AND CALL 911

ALLERGY SYMPTOMS may be seen in one or more body systems and may progress rapidly or over several hours:

MOUTH: itching, tingling, or swelling of the lips, tongue, or mouth

SKIN: pale, hives, itchy rash, swelling of the face or extremities

THROAT: sense of tightness in the throat, hoarseness and hacking cough

GUT: nausea, stomach ache/cramps, vomiting, diarrhea

LUNG: shortness of breath, repetitive coughing, and/or wheezing

HEART: pale/blue, loss of consciousness, dizziness, fast heart rate

GENERAL: panic, sudden fatigue, chills, fear of impending doom

Additional: _____

THIS SECTION MUST BE COMPLETED BY A HEALTHCARE PROVIDER

For symptoms and/or: ☐ Known or suspected ingestion of allergy causing food; ☐ Insect stings

1. **ADMINISTER EPINEPHRINE AUTO-INJECTOR & NOTE TIME GIVEN:** ☐ 0.15mg ☐ 0.3mg

☐ May repeat epinephrine dose in 10-15 minutes if symptoms are not relieved or worsen and EMS has not arrived.

2. **CALL 911 IMMEDIATELY and TELL DISPATCH EPINEPHRINE WAS ADMINISTERED.**

3. ☐ After epinephrine, administer the oral antihistamine diphenhydramine if able to swallow - **DOSE:** _____

4. ☐ This student has asthma, associated with an increased risk for severe allergic reactions.

☐ After administering epinephrine auto-injector, administer inhaler if the student has respiratory symptoms:

☐ ALBUTEROL – 2 PUFFS (Pro-air®, Ventolin HFA®, Proventil®) ☐ LEVALBUTEROL – 2 PUFFS (Xopenex®)

Also authorized for use as needed during the school year, 2 puffs no more than every 4 hours to treat symptoms:

coughing; wheezing; chest tightness, short of breath. ☐ May pre-treat with 2 puffs before exercise, up to every 4 hrs.

5. Note time meds were given & inform EMS. Give EMS a copy of this plan and the used epinephrine auto-injector.

6. Monitor closely; have student lie down if not having trouble breathing; elevate legs; cover for warmth; start CPR if needed.

7. Notify the parent/guardian.

Medication Side Effects: Epinephrine: increased heart rate, nervousness, _____

Diphenhydramine: sleepiness, _____ Inhaler: increased heart rate, shakiness, _____

→ **COMPLETE THIS SECTION IF THE STUDENT IS TO CARRY & SELF-ADMINISTER MEDICATION.** RCW 28A.210.370A requires the HCP to provide instruction for correct & responsible use with return demonstration by the student. Depending on maturity and ability:

☐ The student may carry & self-administer an epinephrine auto-injector and has demonstrated correct use to the LHP or designee.

☐ The student may carry & self administer an asthma Inhaler and has demonstrated correct use to the LHP or designee.

☐ Grades 6-12 only: The student may carry and self administer one dose of the antihistamine listed above.

→ **COMPLETE THIS SECTION IF THE STUDENT HAS A SEVERE FOOD ALLERGY (required by USDA Food Guidelines):**

If a student with severe food allergies will be eating any school provided meals, the following must be completed:

Foods to omit at school: _____

☐ Standard food substitutions offered by the school are acceptable. (For details contact school district Food Services.)

☐ Suggested general food substitutions: _____

HCP Print:	HCP Signature:	
Date:	Phone:	Fax:

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REQUIRED: A parent/guardian MUST complete and sign this form.

STUDENT: _____ GRADE: _____ SCHOOL YEAR: **2014/15**

SEVERELY ALLERGIC TO: _____

PARENT:	PHONES:
PARENT:	PHONES:
ALTERNATE CONTACTS:	
1.	PHONES:
2.	PHONES:

1. **TO HELP PREVENT THE STUDENT FROM COMING IN CONTACT WITH ALLERGY CAUSING FOOD:**
 - ➔ Monitor classroom celebrations and projects to avoid student exposure to specified allergens.
 - ➔ The student is not to trade food with others.
 - ➔ It is recommended the parent provide a supply of safe alternative snacks to be given to the student as needed.
2. **STUDENT'S LEVEL OF INDEPENDENCE IN SELF-MANAGING SEVERE FOOD ALLERGY AT SCHOOL:**
 - ☐ The student is not able to safely monitor food choices without adult assistance.
 - ☐ The student is good about avoiding allergy causing food but may need adult assistance at times.
 - ☐ The student is completely independent in and capable of monitoring food intake without assistance.
3. **FOOD MANAGEMENT AT SCHOOL:**
 - ➔ Food Services will make reasonable accommodation for severe food allergy students who eat school meals.
 - ☐ The parent requests the student sit at an allergen free table for meals to help avoid contact with peanut residue.
 - ☐ The student is not to eat food brought from outside of school. Safe treats provided by the parent can be given instead.
 - ☐ The student can eat food brought from outside school if a factory label shows allergen-free ingredients.
 - ☐ The student is independent in self-managing food brought from outside of school, with staff assistance if requested.
4. **STUDENT RESPONSIBILITIES – DEPENDING ON AGE AND MATURITY:**
 - 1) Avoid potential allergens by: not trading food; washing hands with soap and water before and after eating (sanitizing gel is not effective at removing food residue); seeking adult assistance as needed to make safe food choices.
 - 2) Tell an adult right away if allergy causing food is accidentally eaten and/or they have allergy reaction symptoms.
 - 3) Learn to self-administer their epinephrine auto-injector.
 - 4) If responsible for carrying their epinephrine auto-injector per the parent and health care provider, the student must always have it with them at school and on field trips.
5. **SCHOOL TRANSPORTATION:** ☐ Takes bus # _____ ☐ Drives or given a ride to school ☐ Walks to school
 - ☐ The student carries an epinephrine auto-injector, kept in: _____
 - ☐ The student should sit toward the front of the bus.
6. **FIELD TRIPS:**
 - ➔ A copy of this plan (and the student's medication if kept in the office) must be taken by staff on field trips.
 - ➔ Inform Food Services if this student will need an allergy free meal-to-go for each field trip.
 - ➔ The student must have quick access to school staff trained to administer epinephrine (or the parent/guardian).

IF THE STUDENT WILL BE CARRYING MEDICATION, the health care provider must also indicate approval to do so on the Severe Allergy Medication Authorization. Backup medication for the school office is recommended. CHECK IF APPLICABLE :

- ☐ My child may carry epinephrine and can self-administer it with staff assistance as needed.
- ☐ My child in grades 6-12 only may carry in an original container 1 dose of Benadryl (diphenhydramine) to self-administer.
- ☐ My child may carry and self-administer an asthma inhaler.

- ♦ I request that medication be given as authorized by the licensed health professional (MD, DO, ARNP or PA)
- ♦ I release the District and its employees or agents from any liability in the administration of this medication at school.
- ♦ For students who self-administer medication: I shall indemnify & hold harmless the District and its employees or agents against any claims arising out of self-administration of medication by my child.
- ♦ I understand it is recommended that at all times my child wear a medic alert ID stating their health condition.
- ♦ I understand this Plan will be shared with school staff on a need to know basis and with 911 EMS personnel if called.

PARENT / GUARDIAN SIGNATURE

DATE

School Nurse

Date

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Annual Update by the Parent/Guardian 2014/15

Student: _____ Date: _____

Parent/Guardian filling out this form: _____

1. What food is your child severely allergic to and at what age was the allergy diagnosed? _____

2. Has your child had medical testing for food allergies? ☐ Yes – ☐ No
If so, when and what was the result? _____

3. I consider my child's food allergy to be: ☐ Moderate
☐ Severe / Life Threatening
☐ Not Sure

4. What symptoms or problems has your child had after eating food they are allergic to? _____

6. When was the last time your child had an allergy reaction to food and how was it treated? _____

5. Has your child ever gone to the hospital due to a food allergy reaction? ☐ Yes – ☐ No
If yes, when? _____

7. Has epinephrine ever been administered to your child? ☐ Yes – ☐ No
Do you feel confident your child could self-administer an epinephrine auto injector? ☐ Yes – ☐ No

8. Is your child good about avoiding eating food they're allergic to? ☐ Yes – ☐ No
Comments: _____

9. Children who have asthma may be prone to more severe allergy reactions.
Does your child have asthma? ☐ Yes – ☐ No

10. Does your child wear a medical alert ID? ☐ Yes – ☐ No

It is recommended everyone with a life threatening allergy wear a medical alert ID. Ask a pharmacist about ordering one, search "medical alert ID" on the internet for sites that sell them, or contact the MedicAlert Foundation at 1-800-432-5378, www.medicalert.org/

11. Additional information about your child's allergy: _____

