

		ucation				
	Allergy and Anaphyla	xis Emergenc	y Plan	Date of Pla	an:	
Student's Name: Student's School System: Student has allergy to		Age: ent's School:	_ Weight:	pounds (kg)	
Student has asthma Yes (If yes, higher Student has had anaphylaxis Yes No Student has recieved instruction and has	risk for severe reaction) u permission to self-carry e _l	oinephrine and	·	•		phrine.
For ANY of the following SEVERE SY COMBINATION of symptoms from 6			MILE	SYMPTOMS	S	
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Itchy or

runny nose,

sneezing

(1)

Shortness of

breath,

wheezing, or

coughing



Pale or bluish skin, weak pulse, fainting or dizziness

Tight or hoarse throat, trouble breathing or swallowing

Swelling of lips or tongue that bothers breathing





or agitation



Repetitive vomiting or severe diarrhea

□ SPECIAL SITUATION: If this box is checked, student has an extremely severe allergy to an insect sting or the following food(s):
_______. Even if child has MILD symptoms after a sting or eating these foods, give epinephrine.



1. Inject epinephrine right away!

Note time when epinephrine was given.

2. Call 911.

- Ask for ambulance with epinephrine.
- Tell rescue squad when epinephrine was given.

3. Stay with Student and:

- Call parents and student's healthcare provider.
- If symptoms get worse or continue after 5 minutes, give a second dose of epinephrine.
- Keep student lying on back. If the student vomits or has trouble breathing, keep child lying on his or her side.

4. Give other medicine (if applicable) following epinephrine

- Antihistimine
- Inhaler/bronchodilator if wheezing

MEDICATION	/DOSES

If more than 1 symptom or severe allergy

anaphylaxis symptoms develop, use epinephrine.

MONITOR STUDENT• Stay with student and watch him or her closely.

Epinephrine, intramuscular (list type):

Itchy mouth

• Give antihistamine (if listed below).

Epinephrine Dose: □ 0.1 mg (7.5 kg to less than 13kg)

□ 0.15 mg (13 kg to less than 25 kg)

Mild nausea

or discomfort

A few hives,

mild itchy

skin

□ 0.3 mg (25kg or more)

Antihistamine, by mouth (list type):

Antihistime Dose: _

• Call parents.

Other (e.g., inhaler/bronchodilator if child has asthma):

EMERGENCY CONTACTS

Healthcare Provider:
Phone:
Parent/Guardian:
Phone:
Other Emergency Contact Name/Relationship:
Phone:

Parent/Guardian Authorization Signature	Date	Physician/HCP Authorization Signature	Date