

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
 School: \_\_\_\_\_ Year: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Student #: \_\_\_\_\_  
 Teacher: \_\_\_\_\_  
 Transportation:  Walker  Bus  Parent/Guardian  Student Driver  Other: \_\_\_\_\_

**SEVERE ALLERGY (anaphylaxis) to:** \_\_\_\_\_

**EMERGENCY CARE PLAN**

ALLERGY SYMPTOMS		IMMEDIATE RESPONSE
LUNG	Shortness of breath, coughing, wheezing	<p><b>EPINEPHRINE MUST BE GIVEN as prescribed if the student is experiencing any symptom of a life-threatening allergic reaction or has a known or suspected exposure to their allergen.</b></p> <ol style="list-style-type: none"> <li>1. Call 911 and request AED to student's location</li> <li>2. Keep student in their current location, maintain adult supervision</li> <li>3. <b>LOCATE*</b> student's epinephrine (see below)               <ul style="list-style-type: none"> <li>• Self-carry: check backpack or on person</li> <li>• Health Room: request staff to bring epinephrine to student's location</li> </ul> </li> <li>4. Administer epinephrine as prescribed               <ul style="list-style-type: none"> <li>• Document time medication was administered</li> </ul> </li> <li>5. Stay with student and provide comfort measures</li> <li>6. If the student is unresponsive, not breathing, and/or has no pulse, start CPR, turn on AED and follow prompts</li> <li>7. Notify School Nurse and parent/guardian</li> <li>8. Standard practice is to transport the student to a local medical facility regardless of the student's status at the time of EMS arrival</li> <li>9. If medication was used, notify parent/guardian that a new dose of emergency medication is required prior to student return</li> </ol> <p><b>Students who have both asthma and anaphylaxis are at increased risk for life-threatening allergic reactions, requiring aggressive and prompt treatment. An inhaler may be indicated. Follow orders.</b></p>
SKIN	Hives, itchy rash, redness, and/or swelling of the face or extremities	
MOUTH	Itching, tingling, or swelling of the lips, tongue or mouth	
THROAT	Sense of tightness in the throat, hoarseness, and hacking cough	
GUT	Nausea, stomachache/abdominal cramps, vomiting, and/or diarrhea	
HEART	Heartbeat feels different (weak or racing), fainting, blue &/or pale skin	
OTHER	Panic, sudden fatigue, chills, fear of impending doom, loss of consciousness	
<p>Some students may experience symptoms other than those listed above.</p> <p>Some students may not be able to communicate their symptoms clearly because of their age or developmental challenges.</p>		

**Medications/Interventions:**

\*EPINEPHRINE LOCATION:  Health Room  Self-Carry Location: \_\_\_\_\_  Other: \_\_\_\_\_

Additional Medication at School:  No  Yes If yes, list: \_\_\_\_\_

• Location of Additional Medication:  Health Room  Self-Carry Location: \_\_\_\_\_  Other: \_\_\_\_\_

Medication at Home:  No  Yes If yes, list: \_\_\_\_\_

Non-Anaphylactic Allergies: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**Life-Threatening Allergy History:**

Date of Diagnosis: \_\_\_\_\_ Date of Last Allergic Reaction: \_\_\_\_\_

Has your student used their epinephrine or received emergency care due to an allergic reaction in the past year?  
 No  Yes If yes, explain: \_\_\_\_\_

List of previously experienced symptoms or student description of symptoms (i.e. frog in throat):  
\_\_\_\_\_

**Individual Considerations:** Check those that apply for this school year

- Student will make their own food choices
- Student should only consume food provided from home
- Teacher should notify parent/guardian at least one week in advance of any activities that include food or other potential allergens
- Parent/guardian will provide alternative snacks/treats/materials

**Additional Information (optional):**

\_\_\_\_\_

**Supplementary Information:**

**Before signing, parent/guardian should review and complete this IHP in its entirety. A new IHP must be submitted each school year. The School Nurse must be notified if any changes are needed to this plan during the school year.**

- LWSD policy (3420) is to administer epinephrine immediately and call 911 if a student has exposure or a suspected exposure to an allergen or signs of anaphylaxis. It is also recommended that a medical alert bracelet always be worn by the student.
- LWSD schools do not staff a nurse on site during all school hours. All LWSD school staff members receive annual training on the administration of epinephrine auto-injectors.
- Teacher should review classroom projects to avoid specified allergens. Teacher will communicate medical concerns to their substitutes by placing a copy of each health plan in their substitute file.
- School Nurse will ensure a copy of the health plan is kept in the health room, available for field trips, and in Skyward for staff.
- According to Washington State Law (RCW 28A.210.320 & RCW 28A.210.380) the attendance of every child shall be conditioned upon the presentation before or on the child's first day of attendance, an annual individual health plan, a medication or treatment order addressing any life-threatening health condition that the child has that may require medical services to be performed at school, and the provision for storage of medical equipment and medication provided by the parent. Once such a health plan, order, and medication/supplies have been presented if applicable, the child shall be allowed to attend school.
- Even with the district's best efforts, staff and parents/guardians need to be aware that it is not possible to achieve a completely allergen-free environment. However, the district will take precautions to reduce the risk of a student having an anaphylactic reaction by developing strategies to minimize the presence of allergens in schools.

**Parents / Guardians:**

Name	Relationship	Phone Number	Other Number	Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Additional Contact (optional):**

\_\_\_\_\_

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_

Date: \_\_\_\_\_