

Allergy and Anaphylaxis Emergency Plan: Adopted from the American Academy of Pediatrics

Child's Name: _____ Date of Plan: _____

Date of Birth: ____/____/____ Age: _____ Weight: _____ kg

Child has allergy to: _____

Child has asthma: ☐ Yes ☐ No (If yes, higher chance of severe reaction)

Child has had anaphylaxis: ☐ Yes ☐ No

Child may self-carry medicine: ☐ Yes ☐ No

Child may give him/herself medicine: ☐ Yes ☐ No

**Attach Child's
Photo Here**

IMPORTANT REMINDER: Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

For Severe Allergy and Anaphylaxis

What to look for:

If child has ANY of these severe symptoms after eating the food or having a sting, give epinephrine:

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of the lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom", confusion, altered consciousness, or agitation

☐ **SPECIAL SITUATION:** If this box is checked, child 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

Give epinephrine!

What to do:

1. Give epinephrine right away! Note time when epinephrine was given
2. Call 911
 - Report anaphylactic reaction
 - Tell rescue squad when epinephrine was given
3. Stay with child and:
 - Call parents
 - Give a second dose of epinephrine, if symptoms get worse, continue or do not get better in 5 minutes
 - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine
 - Antihistamine
 - Inhaler/bronchodilator

For MILD Allergic Reaction

What to look for:

If child has any mild symptoms, monitor child.

Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

Monitor Child

What to do:

Stay with child and:

- Watch child closely
- Give antihistamine (if prescribed)
- Call parents
- If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis")

Medicines/Doses

Epinephrine, intramuscular (list type): _____ Dose: ☐ 0.15 mg ☐ 0.30 mg (weight more than 25 kg)

Epinephrine, intranasal (list type): _____ Dose: ☐ 1 mg ☐ 2 mg (weight more than 30 kg)

Antihistamine, by mouth (type and dose): _____

Other (for example, inhaler/bronchodilator if child has asthma): _____

Student/Parent/Guardian Agreement (check boxes to indicate agreement):

☐ I would like for my classmates and/or their parents to be aware of my food allergy.

Please list any before/after school programs/extracurricular activities your child participates in:

How does your child get home? ☐ Parent/Daycare pick-up ☐ Walker ☐ Bus#: _____

I would like for my child to sit in a Peanut/Nut/Allergen-Free Zone in the cafeteria: ☐ Yes ☐ No

Self-Carry

☐ I have been trained in the use of my epinephrine delivery system and prescribed allergy medication and understand the signs and symptoms for which they are to be given

☐ I know it is my responsibility to keep my medication with me so that it is easily accessible in case of an emergency during school hours, extracurricular activities and field trips

☐ I will notify a responsible adult (teacher, nurse, coach, etc.) **IMMEDIATELY** when my epinephrine delivery system is used

☐ I will not share my medication, leave my epinephrine delivery system unattended, or use my medications for any other use than for which it is prescribed

☐ I will inform the school nurse and my parents if my medication is lost, stolen, or has expired

It is recommended that backup medication be stored with the school/school nurse in case a student forgets or loses their epinephrine delivery system. The school district is not responsible or liable if backup medication is not provided to the school/school nurse and student is without working medication when medication is needed.

Your signature gives permission for the nurse to implement this action plan and to contact and receive additional information from your healthcare provider regarding the allergic condition(s) and the prescribed medication.

Anaphylaxis Action Plan will be shared with school personnel with legitimate education interest.

Parent/Guardian Signature: _____ **Phone:** _____ **Date:** _____

Physician Signature: _____ **Phone:** _____ **Date:** _____

Student Signature (if self-administered): _____

Back-up medication is stored at school? ☐ Yes ☐ No

Approved by Nurse/Principal Signature: _____ **Date:** _____