



School Health Services

****THIS FORM WILL EXPIRE IN ONE YEAR****

Allergy Action Plan

School Year: _____ Grade/Class: _____

Student's Name: _____ Date of birth: _____

Address: _____ Phone Number: _____

ALLERGY:

____ Latex

____ Foods (list): _____

____ Medications (list): _____

____ Stinging Insects (list): _____

Asthmatic: YES* NO *High risk for severe reaction

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Signs of an allergic reaction: The severity of symptoms can quickly change. All of the symptoms listed below can potentially progress to a life-threatening situation.

Systems:	Symptoms:
Mouth	Itching & swelling lips, tongue, or mouth
Throat	Itching and/or sense of tightness in the throat, hoarseness, and hacking cough
Skin	Hives, itchy rash, and/or swelling about the face or extremities
Gut	Nausea, abdominal cramps, vomiting, and/or diarrhea
Lung	Shortness of breath, repetitive coughing, and/or wheezing
Heart	Thready pulse, passing out

Action for Major Reaction

If symptom(s) are: _____

give _____ **IMMEDIATELY! Then CALL: 911-Activate EMS.**

_____ at _____
Parent/Guardian/Emergency Contact Phone Number

_____ at _____
Healthcare Provider Phone Number

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Action for Minor Reaction

If only symptom(s) are: _____

give _____
Medication/Dose/Route

Then call:

_____ at _____
Parent/Guardian/Emergency Contact Phone Number

_____ at _____
Healthcare Provider Phone Number

If condition does not improve within 10 minutes, follow steps for Major Reaction above.

Student's Name: _____ Date of birth: _____ Grade/Class: _____

Parent Signature _____ Date _____

PLEASE SEE BACK OF FORM FOR REQUIRED PHYSICIAN SIGNATURE

Healthcare Provider Signature _____ Date _____

Healthcare Provider: Please initial here _____ if STUDENT has been instructed on how to use Epi-pen/Auvi-Q and is able to self-administer; thus enabling the student to carry the Epi-pen/Auvi-Q on his/her person while at school. If the student is able to self carry it is required **by law** for an additional Epi-pen/Auvi-Q to be kept in the school clinic.

PARENT/GUARDIAN AND STUDENT: Please initial here ____ / ____ to indicate that you have been instructed and if student self-administers Epi-pen/Auvi-Q during school he/she will notify an adult school staff member to activate EMS. By initialing, you are acknowledging that **by law, an additional Epi-pen/Auvi-Q must be brought into the school and kept in the clinic (ORC 3313.718).**

Emergency Contacts:

1. _____	_____	_____
Name	Relationship	Phone
2. _____	_____	_____
Name	Relationship	Phone
3. _____	_____	_____
Name	Relationship	Phone

Trained Staff Members

1. _____	_____
Name	Room
2. _____	_____
Name	Room
3. _____	_____
Name	Room

EPI-PEN INSTRUCTION

Any time you are getting ready to use an Epi-pen on student, 911 must be called!

1. Form a fist around the auto-injector with the orange tip facing down. Do not put your thumb or finger over the orange tip. The orange tip is the end the needle comes out of.
2. Pull off blue activation cap. Failure to pull this off will cause the pen not to activate
3. Have student sit down if able to
4. Hold orange tip near outer thigh. This is the area that the medication will be given in.
5. Firmly jab into outer thigh through clothing (stay away from seams of jeans) until the auto-injector mechanism works (will hear a click noise)
6. **Hold in place and count to 10.** This enables the medication to get into the student.
7. Remove the EpiPen or EpiPen Jr. The orange tip will extend covering the needle.
8. Massage the injection area and count to 10.
9. Keep the child warm and calm. Stay with child at all times.
10. Note time of injection.
11. Send the used EpiPen or EpiPen Jr. to the Emergency Department with the child.

Auvi Q

1. Pull out of case and follow directions that are verbalized to you.