

LIFE THREATENING ALLERGY EMERGENCY MEDICAL PLAN

Name:		Severe Allergy to:	
School:	Grade:	Birth Date:	Asthma? (High risk for severe reaction) Yes No

Confidential Information

_____ School Year



MEDICATION ORDERS

EMERGENCY CONTACTS

1.	Relationship:	Phone:
2.	Relationship:	Phone:
3.	Relationship:	Phone:

Call 911 if EPI-Pen is Administered

Epinephrine auto injector: <input type="checkbox"/> (0.3mg) <input type="checkbox"/> (0.15mg)	Side Effects: Nausea, Vomiting, Shaking, Dizziness, Sweating
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Repeat Dose of Epinephrine: <input type="checkbox"/> NO <input type="checkbox"/> YES	Repeat Dose: If NO Improvement in: <input type="checkbox"/> 5 Min <input type="checkbox"/> 15 Min <input type="checkbox"/> Other _____
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If a **REPEAT** dose of Epinephrine is ordered: Parent **MUST Provide: 2 Epinephrine Auto-injectors** for school

Self Carry: <input type="checkbox"/> Yes <input type="checkbox"/> No	Med/Dose:
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<ul style="list-style-type: none"> ◆ It is medically necessary for this student to carry Epinephrine during school hours. ◆ Student has been trained and demonstrated appropriate use of Epinephrine to LHCP: ◆ Student may, per LHCP direction, self-administer Epinephrine. 	<table border="0"> <tr> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> </table>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No										
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No										
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No										

Licensed Health Care Provider's Signature: (and IHP team member)	Date:
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LHCP's Printed Name:	Phone:	Fax:
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- I request the medication specified above be **given as ordered by the licensed health care provider**.
- All medication supplied must come in the **original provided container** with above instructions noted by the licensed health care provider.
- I understand the above medication(s) **may not always be given by a school nurse**. Trained and supervised designated staff are available when the nurse is not.
- I give Health Services Staff permission to **communicate with the medical office** about this medication.
- Medical/Medication **information may be shared with school staff** working with my child and 911 staff, if they are called.

Parent/Guardian Signature: _____	Date: _____
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ACTION PLAN

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- **DO NOT HESITATE:** Immediately **administer Epinephrine Auto-injector** when severe allergic reaction is suspected.
 - **NOTE TIME** _____ (Epinephrine given) ▪ **NOTE TIME** _____ (Antihistamine given)
- **CALL 911 and parent/guardian.** Advise 911: Epinephrine has been given to a student.
- Adult to stay with student, monitor and begin CPR if necessary, stay until EMS arrives.
- Call the School Nurse at: _____ and notify building administrator.
- Give Epi auto-injector and copy of this Emergency Medical Plan to the EMS.

Individual Health **ACCOMMODATION PLAN** for School

Transportation: Bus #: <input type="checkbox"/> Car <input type="checkbox"/> Walk	Date of last reaction: Previous Symptoms:
Medications at school: <input type="checkbox"/> Epi-auto injector <input type="checkbox"/> Inhaler <input type="checkbox"/> Antihistamine Other Medications:	Epinephrine auto injectors are stored: <input type="checkbox"/> Health Room <input type="checkbox"/> Other: Other Allergies: <input type="checkbox"/>

Classroom Parties, Snacks and Special Events: (For food allergies only)
 Be aware of food being brought into the classroom as they might contain traces of the food allergen.
 If you are unsure of a food item - for this student: **Read the label.**
 During these events:
 Does student require a specific eating location: yes No
Transportation: Student carries an Epinephrine auto-injector on the bus? yes No
Field Trip: On a field trip: tell the nurse in advance; carry Epi-auto injector and be prepared to administer it. If Epi-auto injector is administered: Stay with student, call 911, notify parents and school nurse. Give Medical Plan and Epi-auto injector to medical responders.
Should student remain with teacher or family member during entire field trip? Yes No
Other accommodations as deemed appropriate:
Teachers: Please place a copy of this plan in your **substitute folder.**

ACTION PLAN

If it **appears** that this student is having a **difficult time breathing** and is in **distress**, call the office. **Administer: Epi-auto injector**, and stay with the student. **Notify: 911**, parents, school nurse and building administrator. **Give: Medical plan** and Epi-auto injector(s) to the medical responders.
Allergy Symptoms: If you **suspect** a severe allergic reaction, **immediately ADMINISTER Epinephrine** and **call 911**
 MOUTH Itching, tingling, or swelling of the lips, tongue, or mouth

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SKIN	Hives, itchy rash, and/or swelling about the face or extremities
THROAT	Sense of tightness in the throat, hoarseness, and hacking cough
STOMACH	Nausea, stomach ache/abdominal cramps, vomiting, and/or diarrhea
LUNG	Shortness of breath, repetitive coughing, and/or wheezing
HEART	"Thready" pulse, "passing out," fainting, blueness, pale
GENERAL	Panic, sudden fatigue, chills, fear of impending doom
OTHER	Some students may experience symptoms other than those listed above

- Team members agree this severe allergy **substantially impairs** a major life activity and is **eligible** for Section 504.
- **Various sources of information were considered:** Medical information from LHCP, Parent, Nurse and academic setting.

Parent/Guardian, Health Team Member: _____ Date: _____

School Nurse, Health Team Member: _____ Date: _____

The information from this plan will be shared with: Parent, Teacher(s), Principal, Office Staff, Transportation, and Food Service. Other: _____ (Elementary: Specialists and Recess Personnel) (Coaches when applicable).

If sent electronically to school staff, the signed original is kept in the Health Room. (Rev 2/26/25)