

Cypress-Fairbanks Independent School District

Health Services: Allergy & Anaphylaxis Action Plan

Name: _____ Student ID: _____ DOB: ____/____/____

Allergy to: _____ Asthma: ☐ Yes (↑ risk for a severe reaction) ☐ No

Student to sit at "allergen aware" table (utilized only by other students with severe food allergies) during school lunch: ☐ Yes ☐ No

MEDICATION(S)

Epinephrine brand: _____

Epinephrine dose: ☐ 0.15 mg IM ☐ 0.3 mg IM
☐ 1mg intranasally ☐ 2mg intranasally

☐ If checked, **give epinephrine immediately** if the allergen was definitely eaten, even if no symptoms are noted and call 911.

Antihistamine brand or generic: _____

Oral antihistamine dose: _____

Other (e.g. inhaler if wheezing): _____

SELF-ADMINISTRATION

To be completed by prescribing healthcare provider (HCP) only.

I have assessed the student named above in appropriate medication administration. Based on my assessment, I recommend:

☐ allowing student self-transport/administration of epinephrine for the current school year. During my assessment the student verbalized the purpose of the medication, the time/circumstance to administer, and when to seek help from school staff.

☐ restricting permission to self-transport/administer epinephrine and reevaluating permission at a later date.

☐ other: _____

SYMPTOMS (mild to severe)

TREATMENT (as checked)

CFISD staff will **administer medication(s)** as prescribed, **contact 911** for epinephrine administration, and **notify parents/guardians** of action plan initiation (mild or severe response).

Nose:	itchy/runny, sneezing	☐ epinephrine & 911	☐ antihistamine
Mouth:	itchy, tingling	☐ epinephrine & 911	☐ antihistamine
Mouth:	significant swelling of the tongue and/or lips	☐ epinephrine & 911	☐ antihistamine
Gut:	nausea/mild discomfort	☐ epinephrine & 911	☐ antihistamine
Gut:	repetitive vomiting, severe diarrhea, severe discomfort	☐ epinephrine & 911	☐ antihistamine
Throat:	tight, hoarse, trouble breathing/swallowing or swelling	☐ epinephrine & 911	☐ antihistamine
Heart:	pale, blue, faint, weak pulse, dizzy	☐ epinephrine & 911	☐ antihistamine
Lung:	short of breath, wheezing, repetitive cough	☐ epinephrine & 911	☐ antihistamine
Skin:	few hives, mild itch	☐ epinephrine & 911	☐ antihistamine
Skin:	many hives over body, widespread redness	☐ epinephrine & 911	☐ antihistamine
Other:		☐ epinephrine & 911	☐ antihistamine
☐ Repeat epinephrine for symptoms lasting longer than _____ minutes after 1 st dose			

Printed name of HCP _____ Signature of HCP _____ (____) ____-____ ____/____/20____
Phone number _____ Date _____

I agree with the recommendations of my child's HCP and authorize CFISD staff to deliver treatment as outlined above. I also give permission for my child's HCP to communicate with appropriate CFISD employees for the current school year.

Printed name, parent/guardian _____ Signature parent/guardian _____ (____) ____-____ ____/____/20____
Phone number _____ Date _____

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