

Allergy Action Plan Instructions

- Please read and discuss Lakeside’s medication policy, including self-carry and self-administration expectations, with your student. [family handbook linked here]
- All medications (prescription and over-the-counter) given at school or school-sponsored events require **written authorization from a parent/guardian and a licensed healthcare provider.**
- Lakeside follows Washington State safety standards for students with life-threatening conditions (RCW 28A.210.320). Students prescribed epinephrine are considered to have a life-threatening allergy and must have an Action Plan on file with the school.
- Emergency medications must be carried by the student or provided to the school nurse before the first day of school. Students may be excluded until required documentation and medication are received; families will be notified prior to exclusion.
- An Action Plan applies during school hours, Washington-based field trips, and summer programs. Extended, outdoor, or after-hours activities are not automatically covered and require additional planning; families are responsible for medication access.
- Medications must be in the **original container** and labeled with the **student’s name, medication name/strength, dosage, timing, and duration.**

Students requiring only allergy medications must complete an Allergy Action Plan. Students who require additional prescription or over-the-counter medications (e.g., prescription or over-the-counter drugs) must also complete the “Medication at Lakeside School” form.

An authorized medication form must be completed and on file at the student’s school, before medication can be stored or administered.

UPPER SCHOOL STUDENTS	MIDDLE SCHOOL STUDENTS
<p>ATTN: Joy Irvin, All-School Nurse PHONE: (206)440-2906 FAX: (206)360-5092 EMAIL: nurse@lakesideschool.org</p> <p>Lakeside School ADDRESS: 14050 1st Ave NE, Seattle, WA 98125</p>	<p>ATTN: Alexis Mee, Middle School & After-School Nurse PHONE: (206)440-2924 FAX: (206)360-5092 EMAIL: nurse@lakesideschool.org</p> <p>Lakeside Middle School ADDRESS: 13510 1st Ave NE, Seattle, WA 98125</p>

Allergy Action Plan

2026-2027 School Year

Student Name _____

Date of Birth _____ Grade _____

Valid for: 2026-2027 school year, covering June 8, 2026, through August 31st, 2027

Other dates: _____

Severe/Life-Threatening Allergens: _____








<input type="checkbox"/> If checked, give epinephrine immediately if the allergen was LIKELY eaten , for ANY symptoms.	<input type="checkbox"/> If checked, give epinephrine immediately if the allergen was DEFINITELY eaten , even if no symptoms are apparent.
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See the attached chart from FARE (Page 3) for when to give the following medications

MEDICATION	DOSAGE	TIME GIVEN	ROUTE
Benadryl/ diphenhydramine	Liquid: 12.5mg/5mL = ____ tsp(s) or Pill: 25mg tabs = ____ tab(s)	when exposed to allergen (mild reaction)	PO/by mouth
Zyrtec/cetirizine	Liquid: 5mg/5mL = ____ tsp(s) or Pill: 10mg = ____ tab(s)	when exposed to allergen (mild reaction)	PO/by mouth
Epinephrine (include brand if able)	Autoinjector/IM: <input type="checkbox"/> 0.1 mg <input type="checkbox"/> 0.15 mg <input type="checkbox"/> 0.3 mg Neffy/intranasal: <input type="checkbox"/> 1 mg <input type="checkbox"/> 2 mg	when exposed to allergen (severe reaction)	IM/ intranasal
Inhaler	_____mcg _____puff(s)		Inhaled

Parent/Guardian Authorization:	Healthcare Provider Authorization:
<input type="checkbox"/> STORE IN HEALTH ROOM ONLY: I request that authorized persons at my school assist my child in taking medicine described above. <input type="checkbox"/> SELF-CARRY IN BAG / ON PERSON: I request that my child be allowed to self-carry and self-administer medication <u>OR</u> I am 18 years or older and am signing this form on my own behalf.	<input type="checkbox"/> YES – self-carry & self-administer: I have instructed this student in proper medication use. They may carry and self-administer, unless medically unable. An authorized adult will provide support if needed. <input type="checkbox"/> NO – store in health room only: Medication should be stored safely for quick access, not carried by student.
Additionally, I/We authorize communication between the school nurse and my/our child's healthcare provider below as necessary to support the safe management of medication at school.	
<u>Parent/Guardian Signature (or Self if 18+):</u> Date: _____ Print Name: _____	<u>Licensed Healthcare Provider Signature:</u> Date: _____ Print Name: _____





FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS

			
LUNG Shortness of breath, wheezing, repetitive cough	HEART Pale or bluish skin, faintness, weak pulse, dizziness	THROAT Tight or hoarse throat, trouble breathing or swallowing	MOUTH Significant swelling of the tongue or lips
			OR A COMBINATION of symptoms from different body areas.
SKIN Many hives over body, widespread redness	GUT Repetitive vomiting, severe diarrhea	OTHER Feeling something bad is about to happen, anxiety, confusion	

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1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

			
NOSE Itchy or runny nose, sneezing	MOUTH Itchy mouth	SKIN A few hives, mild itch	GUT Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.