Severe Allergy Plan (Epipen/Adrenaclick/Auvi-Q/Neffy in Health Room)

Dear Parents/Guardians,

This packet includes a Severe Allergy Plan (Epipen®/Adrenaclick/Auvi-Q/Neffy in Health Room). These forms are for students with life-threatening allergies. The information on the completed Care Plan will assist The Classical Academy in knowing how to better manage your student's health condition, should an emergency arise.

The new Severe Allergy Plan includes a section that gives health services staff permission to administer your student's allergy medications, so a separate Permission to Administer medications is no longer necessary for those medications. However, Academy District Twenty and The Classical Academy policies still require the signature of a health care provider with prescriptive authority, as well as the parent/guardian signature, for all additional medications to be given at school. This includes prescription and over-the-counter medications such as cough drops, Tylenol etc. Each medication requires a separate Permission to Administer Medication form. The forms are available on our website at http://www.tcatitans.org. High School students may carry and self-administer their own medications with the exception of controlled substances, which must be kept in the health room with a completed medication form.

Please fill in the parent portion of the care plan and medication form prior to giving it to your physician for completion and signature. Submit all forms to your student's health room before the start of school.
Please be sure to complete all pages of this packet, as we cannot accept incomplete Care Plans.

If you have questions, please feel free to contact the school nurse at your student's campus.

Sincerely,

Your Health Services Team

Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders

School year 20____ - 20 ____ C.R.S. 22-1-119.5 A treatment plan shall be effective only for the school year in which it is approved.

Student's name: _____ **D.O.B.:** _____ **Grade:** _____

School: _____ **Teacher/Classroom:** _____

Allergy to: _____

History: _____

Place student's photo here

To be completed by healthcare provider:

Emergency-use epinephrine: ☐ **0.1 mg auto-injector** ☐ **0.15 mg auto-injector** ☐ **0.3 mg auto-injector** ☐ **1 mg nasal spray** ☐ **2 mg nasal spray**

☐ **If symptoms worsen or do not improve in 5 minutes, or if symptoms return, give 2nd dose of epinephrine, if available.**

Antihistamine (if prescribed) medication, dose, route, frequency: _____

Asthma? ☐ **No** ☐ **Yes - If yes, be aware of higher risk for severe reaction.**

Self-administer? ☐ **No** ☐ **Yes - If yes, student has been instructed and is capable of carrying and self-administering own emergency-use epinephrine medication. Note: A trained staff member must be available to administer in the event the student is unable to self-administer for any reason.**

If you see this:	Do this:
Green zone: normal activities - no symptoms	
• Student may participate in all normal activities.	1. Continue to avoid known allergens. 2. Ensure emergency medications are readily available.
Yellow zone: mild symptoms	
Affecting **one** body system only: • **Nose:** Itchy, runny nose, sneezing • **Skin:** A few hives, mild itch • **Gut:** Mild nausea/discomfort	1. Stay with student. 2. Give antihistamine (if prescribed above). 3. Alert parent/guardian and school nurse. 4. ⚠ **If symptoms spread to a second body system, immediately move to red zone.** 5. Continue to monitor closely.
Red zone: severe symptoms	
Two or more body systems with mild symptoms or **any** severe symptoms in **one** or more body systems: • **Lung:** Short of breath, wheezing, repetitive cough • **Throat:** Tight, hoarse, trouble breathing/swallowing • **Mouth:** Swelling of the tongue and/or lips • **Heart:** Pale, blue, faint, weak pulse, dizzy • **Skin:** Many hives over body, widespread • **Gut:** Vomiting or diarrhea (if combined with other symptoms) • **Other:** Feeling something bad is about to happen, confusion, agitation	1. **Give epinephrine immediately!** 2. **Call 911!** • Tell 911 dispatch that epinephrine was given. • Tell EMS what time epinephrine was given. 3. Stay with student and: • Monitor student, keeping them lying on their back; if vomiting or difficulty breathing, put student on their side. • Call parent/guardian and school nurse. 4. Give 2nd dose if symptoms worsen or do not improve, or if symptoms return, as ordered above (if available). 5. Give other prescribed medications after administering epinephrine (if available). ⚠ **Important: Do not hesitate to administer epinephrine.** Key principle: If allergic reaction affects **two** body systems, give epinephrine as a first-line treatment.

Healthcare provider name (print): _____ Phone number: _____

Provider signature: _____ Date: _____

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices and release the school and personnel from any liability in compliance with their Board of Education policies.

Parent/guardian name (print): _____ Phone number: _____

Parent's/guardian signature: _____ Date: _____

School nurse signature: _____ Date: _____

For the school nurse: Self-carry contract on file? ☐ No ☐ Yes Meal modification form? ☐ No ☐ Yes

April 2026