



Student Name: \_\_\_\_\_
Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Anaphylactic Allergy To: \_\_\_\_\_

Allergic Reaction: Ingested? \_\_Y\_\_N Touched? \_\_Y\_\_N Inhaled/Airborne? \_\_Y\_\_N (Attach lab results optional)

Asthmatic: \_\_\_Yes\* or \_\_\_No \*If your child is asthmatic, you must also provide an Asthma Action Plan!

- Due to safety concerns, student will sit at a "nut free/school lunch only" table \_\_\_YES \_\_\_NO
Classroom must be "allergen free "(students cannot have products with allergen in class) \_\_\_YES \_\_\_NO
Student is allowed to self-carry Epi-Pen: \_\_\_YES \_\_\_NO Date student trained: \_\_\_\_\_
Does child's allergy restrict oral intake or diet, or require food modifications or substitutions? \_\_\_YES \_\_\_NO
If YES, list food to be eliminated and possible substitutions:
Eliminate \_\_\_\_\_
Substitute: \_\_\_\_\_

STEP 1: TREATMENT

Symptoms:

Give Checked Meds \*\* (as Determined by Physician)

Table with 3 columns: Symptom description, Epinephrine checkbox, Antihistamine checkbox. Rows include Mouth, Skin, Gut, Throat, Lung, Heart, and Other.

Severity of symptoms can quickly change and is potentially life-threatening! Call 911 & send used medication with EMT

DOSAGE

Epinephrine: inject intramuscularly (circle one)
Epi-Pen® Epi-Pen®Jr. Generic Epinephrine (Auto Injector) OTHER: \_\_\_\_\_

Antihistamine: give: \_\_\_\_\_
(Medication: tablet/liquid - dose - route)

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

- 1. Call 911 State an allergic reaction was treated and additional treatment may be needed!
2. Dr. \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. Parents \_\_\_\_\_ Phone Number: \_\_\_\_\_
4. Emergency Contacts: Name/Relationship Phone Number
a. \_\_\_\_\_
b. \_\_\_\_\_

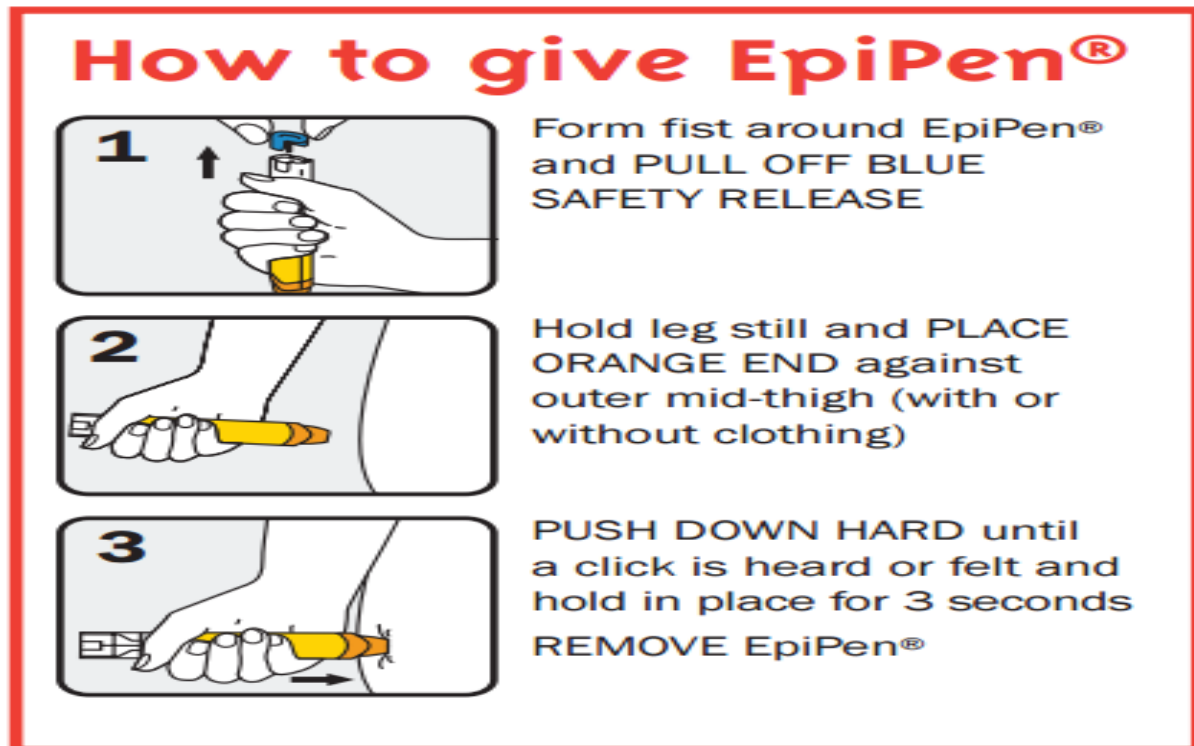
Signature lines for Doctor's Signature, Parent/Guardian Signature, and School Nurse Signature, each with a Date field and (Required) label.



BSD TRAINED STAFF MEMBERS

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

- Date trained: \_\_\_\_\_
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- **Call 911** Tell rescue squad epinephrine given; request an ambulance with epinephrine.
- **Administer Medication if ordered according to healthcare plan**
- **Give used Medication to EMS personnel when they arrive.**
- **Monitoring - Stay with student - Alert healthcare professionals and parent.**
  - 1. Note time of Epinephrine administration.
  - 2. Give Second Dose of Epinephrine 5 minutes or more after the first, if symptoms persist or recur.
  - 3. For a severe reaction, keep student lying on back with legs raised.
- **Complete and Send "Report of Epinephrine Administration" form to Arkansas Dept. of Education**