



LACEY TOWNSHIP SCHOOL DISTRICT OFFICE OF SPECIAL SERVICES

A Tradition Of Pride · A Tradition Of Excellence

JOSEPH R. BOND
DIRECTOR OF SPECIAL SERVICES

Food Allergy Action Plan

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

Allergy: _____

Documented episode of anaphylaxis: Yes _____ No _____

Asthmatic? Yes* _____ No _____ *Higher risk for SEVERE reaction

My child displays the following symptoms: _____

Is Allergen airborne? Yes _____ No _____

Step 1: Treatment

- | | | |
|--|-----------------|-------------------|
| - If a food allergen has been ingested but no symptoms | ___ epinephrine | ___ antihistamine |
| - Swollen, itchy or tingling tongue, lips or mouth | ___ epinephrine | ___ antihistamine |
| - Hives, itchy rash, swelling of the face and/or extremities | ___ epinephrine | ___ antihistamine |
| - Tightening of throat, hoarseness, hacking cough | ___ epinephrine | ___ antihistamine |
| - Shortness of breath, wheezing, repetitive cough | ___ epinephrine | ___ antihistamine |
| - Pallor, thready pulse, low blood pressure, fainting | ___ epinephrine | ___ antihistamine |
| - Other _____ | ___ epinephrine | ___ antihistamine |
| - If reaction progressing (several areas affected) | ___ epinephrine | ___ antihistamine |

Dosage: Epinephrine (circle one)

Epipen 0.3mg

EpiPen Jr. 0.15mg

Twinject 0.3mg

Twinject 0.15mg

Auvi-Q

Antihistamine: give _____

Other: give _____

Student may self carry? _____

Step 2: Emergency Calls

1. Call 911. State an allergic reaction has been treated and additional epinephrine may be needed.
2. Call Parent _____ Phone: _____
3. Notify administrator
4. Call Student's Physician _____

Student's Name: _____

Delegate Only

Step 1: Treatment (Delegate cannot administer Benadryl)

Administer EPINEPHRINE via route as ordered for the following symptoms:

- | | | |
|--|-----------------|-------------------|
| - If a food allergen has been ingested but no symptoms | ___ epinephrine | ___ antihistamine |
| - Swollen, itchy or tingling tongue, lips or mouth | ___ epinephrine | ___ antihistamine |
| - Hives, itchy rash, swelling of the face and/or extremities | ___ epinephrine | ___ antihistamine |
| - Tightening of throat, hoarseness, hacking cough | ___ epinephrine | ___ antihistamine |
| - Shortness of breath, wheezing, repetitive cough | ___ epinephrine | ___ antihistamine |
| - Pallor, thready pulse, low blood pressure, fainting | ___ epinephrine | ___ antihistamine |
| - Other _____ | ___ epinephrine | ___ antihistamine |
| - If reaction progressing (several areas affected) | ___ epinephrine | ___ antihistamine |

Step 2: Emergency Calls

Emergency Contacts _____ Phone: _____

_____ Phone: _____

Student's Physician _____ Phone: _____

Hospital _____

The policy for the administration of medication to a pupil shall provide that the school nurse will have the primary responsibility for the administration of epinephrine. The school nurse may designate, in consultation with the Lacey Township BOE, another employee of the school district to administer epinephrine to a student with anaphylaxis when the school nurse is not physically present at the scene. The district shall incur no liability as a result of any injury arising from the administration of a pre-filled auto-injector containing epinephrine to a pupil.

I, the parent or guardian, understand that this information will only be shared with appropriate staff members on a need to know basis.

These orders are effective for this school year only and must be renewed annually.

Parent signature: _____ Date: _____

Physician Signature: _____ Date: _____

(required)

Physician Office Stamp: