

Allergy and Anaphylaxis Emergency Plan

Name:	Date of Birth:	Weight:	lbs / kg
Date of Plan:	Age:		
ALLERGIES:			

Child has asthma: yes / no (if yes, higher chance of a severe reaction)

Child has had anaphylaxis: yes / no (if yes, higher chance of a severe reaction)

Child may carry medicine: yes / no

Child may give him/herself medicine: yes / no (if child refuses, an adult must give medicine)

Attach
child's
photo

☐ **The "Always-Epinephrine" Option:** If checked, **give epinephrine** immediately, if the child has ANY symptom (mild or severe) after a sting or eating a food listed above. (Option advised for those schools where a nurse is not always present.)

****IF IN DOUBT, GIVE EPINEPHRINE!** ANAPHYLAXIS is a potentially life-threatening, severe allergic reaction

For SEVERE Allergy or Anaphylaxis

What to look for:

If child has ANY of these symptoms after eating a food or having a sting, **give epinephrine**

- Breathing: trouble breathing, wheeze, cough
- Throat: tight or hoarse throat, trouble swallowing or speaking
- Brain: confusion, agitation, dizziness, fainting, unresponsiveness
- Gut: severe stomach pain, vomiting, diarrhea
- Mouth: swelling of lips or tongue that affects breathing
- Skin: many hives or redness over body, face color is pale or blue



Give EPINEPHRINE!

What to do:

1. **Inject epinephrine right away!** Note the time.
2. Call 911
 - Ask for ambulance with epinephrine
 - Tell rescue squad when epinephrine was given
3. Stay with child and:
 - Call parents
 - **Give a second dose of epinephrine** if symptoms worsen or do not get better in 5 minutes
 - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on their side
4. Give other medicine (e.g. antihistamine, inhaler) if prescribed. Do not use other medicine in place of epinephrine.

For MILD Allergic Reaction

What to look for:

If child has mild symptoms, or no symptoms but a sting or ingestion of the food is suspected, give antihistamine and monitor the child.

Mild symptoms may include:

- Skin: a few hives, mild rash, mild swelling, OR
- Mouth/nose/eyes: itching, rubbing, sneezing, OR
- Gut: mild stomach pain, nausea or discomfort

Note: if the child has more than one mild symptom area affected, **give epinephrine**



Give Antihistamine and Monitor the Child

What to do:

1. Give antihistamine if prescribed
2. **If in doubt, give epinephrine**
3. Call parents
4. Watch child closely for 4 hours
5. **If symptoms worsen, give epinephrine** (See "For SEVERE Allergy and Anaphylaxis")

Medicine/Doses

Epinephrine (intramuscular in thigh): ☐ 0.1 mg ☐ 0.15 mg ☐ 0.30 mg

Antihistamine (by mouth): ☐ Diphenhydramine _____ mg (_____ ml) ☐ Other _____: _____ mg (_____ ml)

Other medications: ☐ Albuterol 4 puffs ☐ other: _____

PROVIDER Signature	Date	Name (printed)	Phone	NPI#
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PARENT/GUARDIAN Signature	Date	Name (printed)	Phone	
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I authorize the school to follow Plan and contact the Health Care Provider, and release the school district and personnel from civil liability

Reviewed by school nurse: _____ Date: _____

Allergy and Anaphylaxis Emergency Plan

Child's name: _____ Date of Plan: _____

Additional Instructions:

Contacts

Doctor name (print): _____
Office Address: _____

Office Phone: (____) ____-____
Office Fax: (____) ____-____

Parent/Guardian name (print): _____ Phone: _____

Parent/Guardian name (print) : _____ Phone: _____

Other Emergency Contacts

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

Reviewed by school nurse: _____ Date: _____

Medical Statement to Request Special Meals and/or Accommodations

Medical Statement Form		
1. School	2. Site Name	3. Site Phone Number
4. Name of Child		5. Age or Date of Birth
6. Name of Parent/Guardian		7. Phone Number
8. Description of Child's Physical or Mental Impairment Affected:		
9. Explanation of Diet Prescription and/or Accommodation:		
10. Indicate Food Texture for Above Child: ☐ Regular ☐ Chopped ☐ Ground ☐ Pureed		
11. Adaptive Equipment to be Used:		
12. Foods to be Omitted and Appropriate Substitutions:		
Foods to Be Omitted		Suggested Substitutions
13. Signature* of Registered Dietitian (RD) or State Licensed Healthcare Professional**		
14. Printed Name	15. Phone Number	16. Date

*This form is also considered valid with a certified digital signature.

**RDs are now permitted to complete and sign a written medical statement for school meal modifications due to a disability. The California Department of Education (CDE) also permits the following state licensed healthcare professionals to complete and sign a written medical statement for a disability: licensed physicians, physician assistants, and nurse practitioners.

Parents or legal guardians wishing to request only a fluid milk substitute to accommodate their child's disability should use the CDE's SNP 26 Parental Request for a Fluid Milk Substitution for School-Age Children form.

The information on this form is required to reflect the current medical and/or nutritional needs of the child.