

ALLERGY INDIVIDUAL HEALTH PLAN

STUDENT _____ DOB _____ SCHOOL _____

GRADE/TEACHER _____ SCHOOL YEAR _____

PARENT/GUARDIAN _____ HOME PHONE _____

WORK PHONE _____ CELL PHONE _____ EMAIL _____

EMERGENCY CONTACT _____

PHYSICIAN _____ PHONE _____

ALLERGY SPECIALIST? _____ PHONE _____

1. What is your child allergic to (type of food, specific medications, type of insect, etc)?
2. Briefly describe what happens during an allergic reaction.
3. Does your child require medications during a reaction? - Yes - No
If yes, please list:
4. Does your child have a Benadryl order and is this medication at school? - Yes - No
If no, please explain:
5. Does your child have an Epi-Pen order and is this medication at school? - Yes - No
If no, please explain:
6. Has your child been to the doctor or to an emergency room due to an allergic reaction? - Yes - No
If yes, please describe and give dates of ER visit:
7. In the event that you cannot be contacted, please list emergency phone numbers of persons who are familiar with your child's allergy and have knowledge of how to manage an allergic reaction.

NOTE: If Epi-Pen is to be kept or other medication taken at school, a **Medication Authorization form** must be completed every school year by **you and your child's physician**. These forms may be obtained from your school secretary.

8. Any additional steps you wish school personnel to follow, please state here:

PLEASE READ THE EMERGENCY MEDICAL PLAN FOR ALLERGY ON THE REVERSE SIDE. ADD ANY FURTHER INSTRUCTIONS THAT YOU WISH FOR STUDENT. IF NO CHANGES, or NO FORM IS RETURNED, THIS WILL BE THE DEFAULT PLAN FOR YOUR CHILD.

- CONTINUE ON BACK OF PAGE -

Student Name: _____

Location of Emergency Medication: _____

ALLERGIC REACTION/ANAPHYLAXIS

EMERGENCY INDIVIDUAL HEALTH PLAN

(For School Staff Use)

SYMPTOMS: Sudden onset of shortness of breath, wheezing, swelling in throat, painful constriction of chest with difficulty breathing, coughing and/or wheezing, hives, red itchy blotches over skin, flushed skin, rapid or weak pulse, fear, feeling of itching inside, restlessness, nausea, and possible unconsciousness. Sting allergy may reveal localized pain and itching at site of sting. Any change in respirations should be treated as a life-threatening emergency.

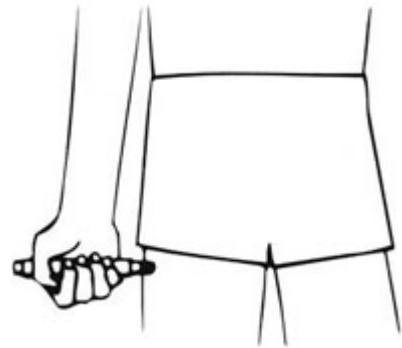
Location of Emergency Medications: _____

INTERVENTIONS:

1. Stop student where he/she is.
2. Remain with student.
3. Have another staff member bring the medication to the student.
4. Have trained staff administer Epi-pen unless the older student prefers to do it him/herself.
5. Have the someone contact 911 and inform that an Epi-pen is being administered.
6. Notify office and have office staff send a CPR certified staff member to assist you.
7. Notify parents immediately that an Epi-Pen is being administered and that 911 has been contacted.

Steps to administer an Epi-Pen:

1. Do not remove safety cap until ready to use.
2. Place black tip on thigh at right angle to leg.
3. Press hard into thigh at right angle to leg until you hear the click.
4. Hold for 10 seconds against thigh.
5. Use caution when removing Epi-pen needle.
6. Massage injection area for 10 seconds. Note time you give Epi-pen.
7. Be prepared to initiate CPR if breathing stops.
8. Follow EAP if has one: give additional medications *IF ordered* following or with the epinephrine:
(a) Antihistamine ; (b) Inhaler (bronchodilator) if has asthma medication ordered;
9. Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side. If allergic reaction is due to bee sting, remove stinger, apply cool compress to site, and elevate.
10. **SECOND DOSE ADMINISTRATION** If symptoms do not improve, or symptoms return, a second dose of epinephrine can be given about 5 minutes or more after the last dose.
11. Alert emergency contacts.
12. Give used injector to EMS staff for disposal in sharps container.



Transport student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return. Parent may divert ambulance if present and assumes responsibility for student.

STAY WITH STUDENT CONTINUOUSLY UNTIL EMS ARRIVES.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

SCHOOL NURSE SIGNATURE _____ DATE _____