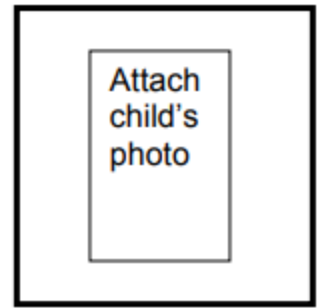


Allergy and Anaphylaxis Emergency Action Plan



Child's name: _____ School: _____ Teacher: _____

Grade _____ Date of birth: ____/____/____ Age _____ Weight: _____ kg

Child has allergy to _____

- Child has asthma. Yes No (If yes, higher chance severe reaction)
 Child has had anaphylaxis. Yes No
 Child may carry medicine. Yes No
 Child may give him/herself medicine. Yes No (If child refuses/is unable to self-treat, an adult must give medicine)

IMPORTANT REMINDER

Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

<p>For Severe Allergy and Anaphylaxis What to look for </p> <p>If child has ANY of these severe symptoms after eating the food or having a sting, give epinephrine.</p> <ul style="list-style-type: none"> ● Shortness of breath, wheezing, or coughing ● Skin color is pale or has a bluish color ● Weak pulse ● Fainting or dizziness ● Tight or hoarse throat ● Trouble breathing or swallowing ● Swelling of lips or tongue that bother breathing ● Vomiting or diarrhea (if severe or combined with other symptoms) ● Many hives or redness over body ● Feeling of "doom," confusion, altered consciousness, or agitation <div style="border: 2px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____ . Even if child has MILD symptoms after a sting or eating these foods, give epinephrine. </div>	<p>Give epinephrine! What to do</p> <ol style="list-style-type: none"> 1. Inject epinephrine right away! Note time when epinephrine was given. 2. Call 911. <ul style="list-style-type: none"> ● Ask for ambulance with epinephrine. ● Tell rescue squad when epinephrine was given. 3. Stay with child and: <ul style="list-style-type: none"> ● Call parents and child's doctor. ● Give a second dose of epinephrine if symptoms get worse, continue, 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 his or her side. 4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine. <ul style="list-style-type: none"> ● Antihistamine* ● Inhaler/bronchodilator*
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<p>For Mild Allergic Reaction What to look for </p> <p>If child has had any mild symptoms, monitor child.</p> <p>Symptoms may include:</p> <ul style="list-style-type: none"> ● Itchy nose, sneezing, itchy mouth ● A few hives ● Mild stomach nausea or discomfort 	<p>Monitor child What to do</p> <p>Stay with child and:</p> <ul style="list-style-type: none"> ● Watch child closely. ● Give antihistamine* (if prescribed). ● Call parents and child's doctor. ● If symptoms of severe allergy/anaphylaxis develop, use epinephrine (see above)
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Medicines/Doses

- Epinephrine, intramuscular (list type): _____ Dose: 0.15 mg 0.30 mg (wt > 25 kg)
- *Antihistamine, by mouth (med _____ dose _____ frequency _____)
- *Other (inhaler, etc. med _____ dose _____ frequency _____)

*Parent/Guardian Authorization Signature

Date

Physician/HCP Authorization Sign.

Date

*Parent/Guardian Printed Name

Physician/HCP Printed Name

Child's name: _____

Is student required to sit at a special table in the cafeteria and have a classroom that is designated free of the named allergen? Yes No

List allergens to avoid at table/classroom? _____

Additional Instructions/Information:

Contacts

Call 911

Doctor/HCP: _____ Phone: (____) ____ - _____

Parent/Guardian: _____ Phone: (____) ____ - _____

Parent/Guardian: _____ Phone: (____) ____ - _____

Other Emergency Contacts

Name/Relationship: _____ Phone: (____) ____ - _____

Name/Relationship: _____ Phone: (____) ____ - _____

*Please note:

By signing page 1, I give permission to the school nurse and other trained personnel members to perform the tasks as outlined in the Allergy and Anaphylaxis Emergency Action Plan. I understand that a school nurse is not always present at my child's school and I give consent for other trained school personnel to provide care to my child as needed according to this plan. I give permission for the school nurse and prescribing health care provider to exchange information regarding any necessary medication order clarifications, response to medication, and adverse effects. I also consent to the release of information contained in this Allergy and Anaphylaxis Emergency Action Plan to staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety. Unless other arrangements are made, I give the school permission to send home medication that has been in its possession with my child at the end of the school year.