



(insert picture)

ANAPHYLAXIS EMERGENCY CARE PLAN

Date of Plan: / /

This plan is valid for the current school year: 20__

STUDENT INFORMATION

Name: _____ DOB: / / Grade: School: _____

ALLERGY INFORMATION

Known Allergen(s): _____

Asthma* Yes No *high risk for severe reaction

Signs and Symptoms of Anaphylaxis:



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.

The severity of the symptoms can change quickly.

All of the above symptoms can potentially progress to a life-threatening situation!

ANAPHYLAXIS EMERGENCY PROTOCOL

1. Inject epinephrine (as ordered below) **IMMEDIATELY!**
2. **CALL 911** (Request an ambulance and specify that the student is having an anaphylactic reaction).
3. Give another epinephrine dose (if available) within 15 minutes if symptoms return or worsen and emergency services have not arrived.

4. Alert contact(s):

Parent/Guardian: _____ Phone: _____ Phone (Cell): _____

Parent/Guardian: _____ Phone: _____ Phone (Cell): _____

Emergency Contact: _____ Phone: _____ Phone (Cell): _____

Preferred Hospital: _____

PHYSICIAN'S AUTHORIZATION FOR MEDICATION ADMINISTRATION

EPINEPHRINE DEVICE	DOSAGE	TIME	SPECIAL INSTRUCTIONS:

Self Carry: Yes No If yes, I understand this student will carry the above listed medication at school. I also understand this student

For 6th-12th Grade ONLY will be entirely responsible for the use of this medication and will not be monitored by school personnel.

OTHER PERTINENT MEDICATION	DOSAGE	TIME	SPECIAL INSTRUCTIONS:

SPECIAL CONSIDERATIONS & PRECAUTIONS: _____

Physician's Signature X: _____ **Date:** / /

Physician's (Printed Name): _____ Phone: _____

Clinic: _____ Fax: _____

AUTHORIZATION FOR STAFF ADMINISTRATION OF MEDICATION

I understand that trained school personnel will follow the Anaphylaxis Emergency Care Plan as completed by my child's physician, school nurse and myself. Further, under the delegation of the LSN/RN, I hereby give my permission that trained school personnel can administer this emergency medication in the absence of a school nurse or if my child is away from the school on a field trip or other school activity.

Parent/Guardian signature: _____ **Date:** / /

Health Services Staff signature _____ **Date:** / /



ANAPHYLAXIS EMERGENCY CARE PLAN

SELF-ADMINISTRATION OF MEDICATION

- Not Applicable
- I hereby authorize my child to self-administer the above named medication during school as prescribed by the physician. I have read the student agreement.
- I understand my child will carry this medication at school and use will not be monitored by school personnel.
- I understand that trained school personnel (e.g. classroom teacher, paraprofessional, health services staff, office staff) will follow the Anaphylaxis Emergency Care Plan as completed by my child's physician, Licensed School Nurse, and myself should by child be unable to self-administer his/her medication.

Parent/Guardian signature: _____ **Date:** / /

STUDENT AGREEMENT

I AGREE TO:

- Follow my prescribing physician's medication orders.
- Use correct medication administration technique.
- Not allow anyone else to use my medication.
- Keep a supply of my medication with me in school and on field trips.
- Notify the school nurse or health office personnel if my epinephrine is administered and 911 will be called.
- Notify the school nurse or health office personnel if I have any exposure to allergy-causing food or substances or exhibit any symptoms of an allergic reaction.

Parent/Guardian signature: _____ **Date:** / /

The student has demonstrated knowledge about proper use of his/her medication (epinephrine administration device)

Health Services Staff signature _____ **Date:** / /