

COMMUNITY CONSOLIDATED SCHOOL DISTRICT 146

Place child's
photo here

ALLERGY EMERGENCY ACTION PLAN

Student Name: _____ DOB: _____ Grade: _____

Teacher _____ Will this student ride the bus to or from school? YES NO Bus # _____

Parent Name(s): _____ Home Phone: _____

Mother Cell: _____ Father Cell: _____

Mother Work: _____ Father Work: _____

Emergency Contact: _____ Phone: _____

Physician Name: _____ Phone: _____

ALLERGY TYPE:

Foods (list):** _____

**
_____ My child must sit at the Allergy Aware table. _____ I request that my child not sit at Allergy Aware Table.

Insect stings (list type): _____

Latex (identify type): Type I – anaphylaxis Type IV – contact dermatitis (skin reaction)

Other (list): _____

Describe reactions previously experienced including date of last reaction: _____

SIGNS OF AN ALLERGIC REACTION	
Mouth	Itching, tingling, or swelling of lips, tongue, mouth
Skin	Hives, itchy rash, swelling of the face or extremities
Gut	Nausea, abdominal cramps, vomiting, diarrhea
Throat	Itching and/or a sense of tightness in the throat; hoarseness, hacking cough
Lung	Shortness of breath, repetitive coughing, wheezing
Heart	Thready pulse, low BP, fainting, pale, blueness of lips or nailbeds
Neuro	Disorientation, dizziness, loss of consciousness
The severity of symptoms can quickly change to become potentially life-threatening	

MINOR REACTION (Symptoms may include): _____

- Call School Nurse , Ext _____
- Monitor closely for worsening symptoms.
- Give: Benadryl, _____mg by mouth Other medication: _____
- Other: _____
- Call: Parent/guardian or other emergency contact.
- Remain with student and continue to monitor closely.
- If condition worsens, follow instructions for MAJOR REACTION on opposite side.

(OVER)

MAJOR REACTION (may include: wide-spread hives, severe swelling especially of mouth, lips or tongue, shortness of breath, wheezing, loss of consciousness, pale or blue color, others as listed in chart above).

- Give: Epipen/Other Injectable Epinephrine (0.3mg) into outer thigh muscle.
 Epipen Junior/ Other Injectable Epinephrine (0.15mg) into outer thigh muscle.
- Call 911.
- Call School Nurse, Ext. _____
- Other: _____
- Provide other emergency first aide as needed.
- Call Parent/Guardian or other emergency contact.
- Give used auto-injector to EMS staff to take to Emergency Room.

USE AND POSSESSION OF AUTO-INJECTOR AT SCHOOL (Mark all that apply):

- This student's allergy history **does not require** an injectable epinephrine prescription.
- This student's allergy history **requires** an injectable epinephrine prescription, as above.
 - This student has been trained and is able to **carry and self-administer** his/her injectable Epinephrine.
 - This student **needs help** to administer his/her injectable epinephrine.

Please include additional pertinent information about the care of this student with allergies here:

Health Care Provider Signature: _____ Date: _____
(Health care provider signature required annually for Emergency Action Plan and all medications).

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

Student signature (if self-carries medication): _____ Date: _____

Other staff members trained to administer epinephrine :

1. _____ (Name) _____ (Title) _____ (Room #/Phone Ext.)
2. _____
3. _____

Revised May 17, 2018