

# EMERGENCY CARE PLAN: ALLERGY/ANAPHYLAXIS

## To be completed by Parent

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher/HR: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Asthmatic: ☐ yes\* ☐ no \*increased risk for severe reaction Insurance: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission to share this plan with physician and school staff. I agree with the physician's orders as outlined below.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SYMPTOMS AND SIGNS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL OF THESE:

(highlighted indicates previous response by the student)

- **MOUTH** itching and swelling of the lips, tongue, or mouth
- **THROAT** itching and/or a sense of tightness in the throat, hoarseness and hacking cough
- **SKIN** hives, itchy rash, and/or swelling about the face or extremities
- **GUT** nausea, abdominal cramps, vomiting and/or diarrhea
- **LUNG** shortness of breath, repetitive coughing and/or wheezing
- **HEART** "thready" pulse, "passing-out"

The severity of the symptoms can quickly change. It is important that treatment is given immediately.

## To be completed by Physician

Allergens (Please List) \_\_\_\_\_

### ACTION:

If exposure is suspected and/or the only symptom(s) are: \_\_\_\_\_

give \_\_\_\_\_ IMMEDIATELY.  
medication(s)/dose in mg/route (please print)

If the following symptom(s) develop: \_\_\_\_\_

give \_\_\_\_\_ IMMEDIATELY.  
medication(s)/dose in mg/route (please print)

I give permission for this student to self-carry and self-administer the above medication(s). ☐ YES ☐ NO

If so, s/he has been instructed in and understands the purpose and appropriate method and frequency of administration of the above medication(s).

Doctor Name (Please Print): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Information for Staff:

If symptoms or suspected exposure occur, follow plan, then contact school nurse at \_\_\_\_\_ and parent. For bee stings, remove stinger if visible and apply ice to the area.

If Epi-Pen/Epi-Pen Jr. is administered, call 911. It provides a 20 minute response window. The student may experience an increased heart rate. This is normal. A staff member should accompany student to ER if the parent/emergency contact cannot be reached.

This plan is in effect for the current school year.

Please return to \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_