

ANAPHYLAXIS EMERGENCY CARE PLAN

Student Name _____ Birth Date _____ Grade/Teacher _____

School Name _____ School Year _____

Doctor treating allergy _____ Date of last medical evaluation _____

What is your child allergic to? Be specific:

- | | |
|---|--|
| <input type="checkbox"/> Bee Sting
<input type="checkbox"/> Latex
<input type="checkbox"/> Medication _____ | <input type="checkbox"/> Food (type) _____
<input type="checkbox"/> Other _____ |
|---|--|

Tell Us What You Want Us to Do in Case of an Allergic Reaction at School. Check All That Apply.

MY CHILD'S REACTION MAY INCLUDE:	DO THIS:
<input type="checkbox"/> Lung* - shortness of breath, cough, wheeze <input type="checkbox"/> Mouth - itching, swelling of the lips and/or tongue <input type="checkbox"/> Throat* - itching, tightness/closure, hoarseness <input type="checkbox"/> Skin - itching, hives, redness, swelling <input type="checkbox"/> Gut - vomiting, diarrhea, cramps <input type="checkbox"/> Heart* - weak pulse, dizziness, passing out "Only a few symptoms may be present. Severity of the symptoms can change quickly." *Some symptoms can be life threatening. ACT FAST! These signs may occur: <input type="checkbox"/> Within a few minutes <input type="checkbox"/> Within 30 minutes to 2 hours	<input type="checkbox"/> Observe for 20 minutes; notify classroom teacher <input type="checkbox"/> Apply ice to area <input type="checkbox"/> *Administer Epi Pen (adrenalin) <input type="checkbox"/> Immediately <input type="checkbox"/> Only when these symptoms are present: _____
	<input type="checkbox"/> Student can self-administer Epi Pen <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Administer the following oral medication: Name _____ Dosage _____
	*If Epi Pen is administered, 911 and parents will be called. EPI PEN IS KEPT IN: <input type="checkbox"/> Locker # _____ <input type="checkbox"/> Health Office <input type="checkbox"/> Gym Locker # _____ <input type="checkbox"/> Other _____

If your child requires medication at school, you must have a **Prescription Medication Permission Form** signed by the doctor and parent, on file for this school year, **BEFORE** the medication can be given.

If your child requires a non-prescription medication such as Benadryl for their allergy, the parent must provide the medication for the school year and a **Non-Prescription Permission Form** must be signed.

We recommend that students with allergies wear a Medic-Alert bracelet/pendant at all times.

School Nurse Signature _____ Date Reviewed _____