

Anaphylactic Allergic Reaction Emergency Health Care Plan*

*May supplement and Individualized Education Plan (IEP) or 504 Plan

Name: _____ DOB: _____ Teacher: _____

ALLERGY TO: _____

Place Child's
Photo Here
(School
will provide
if available)

Signs of an Allergic Reaction include:

Symptoms*:

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

* The severity of symptoms can change quickly!

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

School staff will follow these steps if child has an anaphylactic reaction:

1) Give: Medication(s)* _____

May carry own Epi Pen*: _____ Yes _____ No

*Note: Students carrying their own Epi Pen are responsible for having an unexpired Epi Pen available at all times! Backup Epi Pens may be stored in the Wellness Center

2) Call: 911 for Advanced Life Support (ALS)

3) Call: Parent/Guardian _____ # _____ # _____
_____ # _____ # _____

4) Call: Site Nurse _____ # _____ pager # _____

5) Photocopy: demographics page and Emergency Information form for paramedics

6) Remain with the student at all times

7) Divert other students and non-essential staff from the Wellness Center

*** STAFF WILL NOT HESITATE TO ADMINISTER MEDICATION(S) AND CALL 911 EVEN IF PARENT/GUARDIAN CANNOT BE REACHED!**

Signatures:

Date: _____ Parent/Guardian _____

Date: _____ Health Care Provider _____

Date: _____ School Nurse _____

