



ALLERGY - EMERGENCY CARE PLAN

School Year: March 15, 2024 – September 30, 2025

Name: _____ DOB: _____ Grade: _____ Bus # _____

EPIPEN LOCATED: _____ Health Office _____ Student Backpack _____ Other _____

ALLERGIC TO:

Parent/Guardian: Please UNDERLINE known **SEVERE** symptoms.

- Chest tightness, shortness of breath, repetitive cough, wheezing
- Dizzy, faint, pale, gray/blue, confused
- Tightness and/or itching to throat, difficulty swallowing, hoarseness, drooling
- Swelling of face, lips, tongue, or throat
- Widespread hives or redness, Other: _____
- Severe nausea, vomiting, diarrhea, intense cramp-like pain

Parent/Guardian: Please UNDERLINE known **MILD** symptoms.

- Itchy nose, sneezing, itchy mouth
- Mild localized hives, itching
- Mild nausea or stomach discomfort, Other: _____

Photo Here

TO BE COMPLETED BY HEALTHCARE PROVIDER:

Student may: Self Carry Self Administer Has Demonstrated Proficient Use

PROVIDER'S ORDER: UPON EXPOSURE TO ALLERGEN or AT ONSET OF SYMPTOMS

1. Severe Symptoms: Administer EpiPen 0.15mg 0.3mg Benadryl _____ mg Time given: _____
2. Mild Symptoms: Administer Benadryl 25mg 50mg Other dose _____ mg Time given: _____
3. Emergency Drug Required During Bus Transportation: Yes No
4. If EpiPen is administered call 911. Have student lie down with their feet above the level of their head until 911 arrives. Notify school nurse, parent/guardian.

Side Effects:

Benadryl: drowsiness, dry mouth, dizziness (do not give with acute asthma attack).

EpiPen: dizzy, nausea/vomiting, rapid heart rate, pounding heart, sweating, weak, pale, headache, anxiety, tremors

EPIPEN DIRECTIONS:

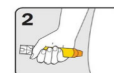
1. Hold pen firmly in hand ensuring fingers do not touch the top or bottom.
2. Pull off the top cap.
3. Stabilize the leg and firmly push tip of Auto-Injector into outer thigh thru clothing, Hold for 10 seconds.
4. Remove the Auto-Injector and rub the thigh for 10 seconds. Have student lie down with legs elevated.

How to give EpiPen®

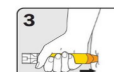
adrenaline (epinephrine) autoinjectors



1. Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



2. Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



3. PUSH DOWN HARD until a click is heard or felt and hold for 3 seconds REMOVE EpiPen®

Healthcare Provider (Print name) _____

Healthcare Provider (Sign) _____

Phone Number _____ Date _____

Healthcare Provider Address: _____

*I authorize permission to give this medication to my child. I authorize the release of all medical information about my child's allergies between the healthcare provider and the school nurse. I further agree this emergency care plan may be shared with teachers, staff and bus drivers involved with my child's care.

Parent/Guardian (PRINT Name) _____ Phone _____

Parent/Guardian (SIGNATURE) _____ Date _____

Parent #2/Emergency Contact _____ Phone _____

RN Signature _____ Date _____

RN Documentation:

Authorization by HCP that student may self-carry medication and self-administer care: YES NO N/A

Reviewed with student when and how to use epinephrine if self-carry: YES NO N/A

IEP/504 coordinator notified if limits or impairs major life activities: YES NO

Bus transportation notified: YES NO

Bus driver trained: YES NO If not, training date _____

School staff trained: YES NO If not, training date _____

RN Signature _____ **Date** _____