

STUDENT ALLERGY/ANAPHYLAXIS EMERGENCY PLAN

Student Name _____ Grade _____

****Immediate action is required when the student exhibits any of the following signs of distress.**

Shortness of Breath Difficulty breathing Chest tightness Shallow, rapid breathing
Wheezing Rapid, labored breathing Blueness of fingernails & lips Decreased or loss of consciousness

Steps to Take During an Allergic Reaction/Anaphylaxis Emergency:

Emergency Medication: _____

Emergency Protocol

1. If signs and symptoms of anaphylaxis – instruct someone to call 911. If no one else is around administer to the student first.
2. Inject EpiPen into fatty part of outer thigh (through clothes is fine). HOLD FOR 10 SECONDS.
3. Continue to observe the student and prepare for the immediate evacuation to the nearest medical facility.
6. Monitor breathing closely. Prepare to do CPR if indicated.
7. A repeat injection may be necessary if symptoms do not improve or before medical assistance arrives.
8. Notify parents/guardians.

Parent Consent for Emergency Management of Allergic Reaction/Anaphylaxis at School

I, the parent or guardian of the above named student, request that this School Allergic Reaction/Anaphylaxis Care Plan be used to guide emergency care for my child. I give permission to School personnel to administer the medication prescribed. I understand that administration of this medication will not be done by a nurse.

I agree to:

1. Provide necessary supplies and equipment.
2. Notify the school of any changes in the student's health status.
3. Notify the school and complete new consent for changes in orders from the student's health care provider.
4. Authorize the school to communicate with _____, the primary care provider/specialist as needed.
5. School staff interacting directly with my child may be informed about his/her special needs while at school.

Parent/Legal Guardian Signature _____ Date _____