

**SEVERE ALLERGY CAREPLAN**

Student Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Allergy \_\_\_\_\_

PLACE A PICTURE  
OF YOUR CHILD  
HERE.

Type of reaction: Ingestion↑ Contact ↑ Inhalation ↑ Is your child asthmatic? ↑ yes ↑ no

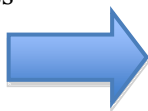
Date of Diagnosis \_\_\_\_\_ Date of last reaction \_\_\_\_\_

Has your child ever had a serious reaction? Yes↑ No ↑ Date: \_\_\_\_\_

If so, please describe what happened and treatment required: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SYMPTOMS OF A SEVERE ALLERGIC REACTION:**

- **MOUTH** itching, swelling of lips, tongue, or mouth
- **THROAT\*** itching, tightness/closure, hoarseness
- **SKIN** itching, hives, redness, swelling
- **GUT** nausea, vomiting, cramps, diarrhea
- **LUNG\*** shortness of breath, coughing, wheezing
- **HEART\*** pale, weak pulse, confused, dizzy, passing out



**If you suspect a severe allergic reaction:**

- 1. INJECT EPIPEN or Generic Epinephrine IMMEDIATELY!** (if trained, if not, call for trained staff person to administer)
- 2. Call 911**  
(State Epinephrine has been given and time given)
3. Notify School Nurse
4. Initiate Medical Emergency Response Protocol
5. Stay with student; have him/her lie down and remain lying down
6. Monitor for further signs of allergic reaction
7. Notify parent/guardian if not already done

**OTHER:** \_\_\_\_\_  
\_\_\_\_\_

**The severity of symptoms can quickly change. \*All above symptoms can progress to a life-threatening situation!**

**Medications/Doses**

Epinephrine Brand: ↑ Epi-pen ↑ Generic Epinephrine Autoinjector ↑ Other \_\_\_\_\_

Epinephrine Dosage: ↑ 0.15 mg IM ↑ 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Other (e.g. inhaler-bronchodilator if asthmatic): \_\_\_\_\_

**STUDENTS ARE EXPECTED TO CARRY THEIR OWN EPI-PEN AT ALL TIMES, and it is recommended that a spare Epi-pen or equivalent be kept in the nurse's office.**

**All medication supplied to health office must come in the original container. The container must specify the student's name, name of prescriber, name of medication, dose, effective date and directions for administration.**

**I understand that the medication maintained in the Health Office may not be readily available after school hours, and that I need to provide additional rescue medications for my child when involved in before/after school activities.**

**Does your child require a peanut/tree nut free table? ↑ Yes ↑ No**

**I give my permission for the use of my child's photograph for this purpose and to share medical information with appropriate school related personnel ↑ Yes ↑ No**

**I give permission for the school nurse or his/her delegated personnel to administer the medications at school or on school related events. ↑ Yes ↑ No**

**This student has permission to self-administer the medications at school or on school related events, if the school nurse deems it is appropriate. ↑ Yes ↑ No**

**My child will carry his/her own EpiPen or equivalent: ↑ for any before/after school activities, ↑ on field trips, ↑ on bus.**

**EMERGENCY CONTACTS:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone(s) \_\_\_\_\_

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Phone(s) \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **date** \_\_\_\_\_

**Doctor's Signature** \_\_\_\_\_ **date** \_\_\_\_\_

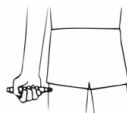
**School Nurse Signature** \_\_\_\_\_ **date** \_\_\_\_\_

**EpiPen® Directions:**

**Pull off blue activation cap.**



- **Hold tip near outer thigh (may be given through clothing).**
- **Press hard into thigh until it clicks.**
- **Hold in place and count to 10.**
- **Remove the EpiPen®; massage the injection area for 10 seconds.**



**Generic Epinephrine Autoinjector Directions:**

**Remove device from case and pull off two blue caps.**

- **Grasp autoinjector in fist with red tip pointing downward.**
- **Place red tip against outer thigh at a 90 degree angle.**
- **Press down hard into thigh and hold firmly for 10 seconds.**
- **Remove Generic Epinephrine Autoinjector from thigh; massage the injection area for 10 seconds.**