

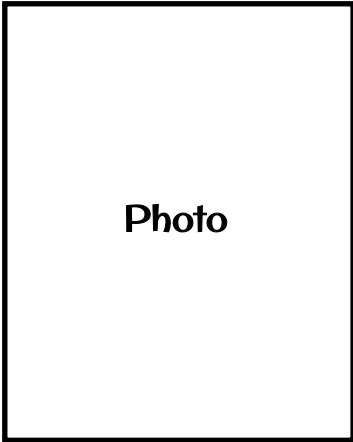
ANAPHYLAXIS EMERGENCY ACTION PLAN

Student's Name: _____ Birthdate: _____ Grade: _____ Div: _____

School Name: _____ School Address: _____

THIS PERSON HAS A POTENTIALLY LIFE THREATENING ALLERGY (ANAPHYLAXIS)

ACT QUICKLY. DO NOT WAIT FOR SYMPTOMS TO GET WORSE OR NEW SYMPTOMS TO BEGIN



Photo

Allergy Trigger(s):

- Food(s): _____
- _____
- Insect Stings _____
- Other _____
- Medication
- Epi pen Jr (0.15mg)
- Epi pen Sr (0.3mg)
- Location #1 _____
- Location #2 _____

- Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.
- Previous anaphylactic reaction:** Person is at greater risk.

- **GIVE EPINEPHRINE AT THE FIRST SIGN OF AN ANAPHYLACTIC REACTION**
- **CALL 911**
- **CALL EMERGENCY CONTACT**
- Administer second an epinephrine auto-injector within 5 minutes if no improvement in symptoms or symptoms reoccur
- Lay student on back, legs elevated. If vomiting, lay on side making sure airway is clear so that they do not choke on vomit. Do NOT sit or stand student up as this can cause a dangerous reaction.

Epinephrine is the first line medication for the emergency management of anaphylaxis. Antihistamines (e.g. Benedryl) or asthma medication should not be used to treat anaphylaxis.

AN ANAPHYLACTIC REACTION MAY HAVE THE FOLLOWING SIGNS AND SYMPTOMS:

Face: Hives, itching, swelling (lips, face, tongue) flushed face or body

Airway: Difficulty breathing, swallowing or speaking, coughing, wheezing, change of voice, sneezing

Stomach: Stomach cramps, nausea, vomiting, diarrhea

Total body: Hives, itching, swelling, weakness, dizziness, loss of consciousness, anxiety, feeling of doom

EMERGENCY CONTACT INFORMATION

Name	Relationship	Cell Phone	Other Phone

I the undersigned parent/guardian authorize any school staff member to administer emergency medication following the instructions outlined above to the above named person in the event of an anaphylactic reaction. This protocol has been recommended by the physician/NP who has signed below. I have reviewed and I approve of this emergency response plan. I understand that it is my responsibility to advise the school about any changes in my child's condition. I also understand that it is my responsibility to provide the school with two EpiPen's one for my child to carry on their person and one to be stored in an unlocked location in the office.

I consent to the disclosure of my child's personal information and photo to school staff and those persons reasonably expected to have supervisory responsibility of my child. This consent is valid until it is revoked in writing by me.

Physician/Nurse Practitioner

Parent/Guardian

Date _____

Date _____