








Allergy and Anaphylaxis Emergency Plan

Date of Plan: _____

Student's Name: _____ Date of Birth: _____ Age: _____ Weight: _____ pounds (_____ kg)
 Student's School System: _____ Student's School: _____
 Student has allergy to _____
 Student has asthma Yes (If yes, higher risk for severe reaction) No
 Student has had anaphylaxis Yes No
 Student has received instruction and has permission to self-carry epinephrine and use independently Yes No

IMPORTANT REMINDER: Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, use epinephrine.

For **ANY** of the following **SEVERE SYMPTOMS OR A COMBINATION** of symptoms from different body areas





			
Shortness of breath, wheezing, or coughing	Pale or bluish skin, weak pulse, fainting or dizziness	Tight or hoarse throat, trouble breathing or swallowing	Swelling of lips or tongue that bothers breathing
			
Many hives or redness over body	Feeling of "doom," confusion, altered consciousness or agitation	Repetitive vomiting or severe diarrhea	

SPECIAL SITUATION: If this box is checked, student has an extremely severe allergy to an insect sting or the following food(s): _____ . Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine.**

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- 1. Inject epinephrine right away!**
Note time when epinephrine was given.
- 2. Call 911.**
 - Ask for ambulance with epinephrine.
 - Tell rescue squad when epinephrine was given.
- 3. Stay with Student and:**
 - Call parents and student's healthcare provider.
 - If symptoms get worse or continue after 5 minutes, give a second dose of epinephrine.
 - Keep student lying on back. If the student vomits or has trouble breathing, keep child lying on his or her side.
- 4. Give other medicine (if applicable) following epinephrine**
 - Antihistamine
 - Inhaler/bronchodilator if wheezing

MILD SYMPTOMS

			
Itchy or runny nose, sneezing	Itchy mouth	Mild nausea or discomfort	A few hives, mild itchy skin

MONITOR STUDENT

- Stay with student and watch him or her closely.
- Give antihistamine (if listed below).
- Call parents.

If more than 1 symptom or severe allergy anaphylaxis symptoms develop, use epinephrine.

MEDICATION/DOSES

Epinephrine, intramuscular (list type): _____

Epinephrine Dose: 0.1 mg
 0.15 mg
 0.3 mg

Antihistamine, by mouth (list type): _____

Antihistamine Dose: _____

Other (e.g., inhaler/bronchodilator if child has asthma): _____

EMERGENCY CONTACTS

Healthcare Provider: _____

Phone: _____

Parent/Guardian: _____

Phone: _____

Other Emergency Contact Name/Relationship: _____

Phone: _____

_____ Parent/Guardian Authorization Signature	_____ Date	_____ Physician/HCP Authorization Signature	_____ Date
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