

Emergency Plan for: Allergy/Anaphylaxis Secondary to Unknown Allergy
Permission to Administer Emergency Medication for a Life Threatening Condition

Name of Student _____ Birth Date _____

School _____ Teacher _____

- Student will be carrying an EpiPen on their person, authorized to self administer: Yes__ No__ (Physician must authorize).
- Life Threatening allergy: Unknown _____
- An EpiPen will be stored in the _____

Intervention: Physician's order for Epinephrine

1. **Administer prescribed EpiPen** if student is unable or not authorized to self-administer, per instructions printed on side of container for symptoms of anaphylaxis. Note time given: _____

2. **Call 7-911**

3. Stay with student until arrival of 911 personnel

Oral medications to be administered: _____ dosage: _____

Offer student water to rinse out mouth. **DO NOT SWALLOW.**

Call parents/guardian:

Parent _____ Parent _____

Home _____ Home _____

Work _____ Work _____

Cell _____ Cell _____

If unable to reach parent, call student's physician

Name: _____ Phone # _____

If EpiPen is not immediately available, staff should follow intervention steps 2 and 3 above starting with the notification of 911.

Symptoms of allergic reaction/anaphylaxis include:

Hives/rash/itching

Sweating

Wheezing/difficulty breathing

Anxiety

Tachycardia (fast pulse)

Alteration in pulse or respirations

Swelling

Tightness in the throat

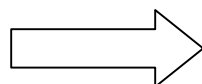
Lightheadedness

Nausea, Vomiting

I request and authorize that the above named student be administered the above identified medication in accordance with the instructions indicated above for an emergency/life threatening condition. The above listed medications may be administered by trained school personnel. **This Order must be renewed annually.**

Health Care Provider's signature

Date



Over

Individualized Health Care Plan:

Problem: Altered tissue reactivity to __Unknown Allergen_____

Need: To establish a plan of intervention in case of exposure to: __ Unknown Allergen _____

Plan for Resolution:

- The school nurse will instruct the designated staff in the intervention protocol per licensed health care provider’s order, in the use of the EpiPen, and signs and symptoms of anaphylaxes.
- If an additional EpiPen is needed on the athletic field, playground, or on field trips, other arrangements must be made by the parent/guardian through the building administrator and/or school nurse.
- It is recommended that the student will wear a medical alert identification bracelet or necklace.

Trained personnel:

THIS PORTION OF FORM IS TO BE COMPLETED BY THE PARENT/GUARDIAN

I certify that I am the parent, legal guardian, or other person in legal control of the above-identified student and request and authorize the student and /or the trained school staff to administer the emergency medication to the above-identified student.

I understand that my signature indicates that the school accepts no liability for untoward reactions when the medication is administered in accordance with the licensed health care provider’s directions.

Date of Signature

Signature

This plan must be renewed before the start of each school year

School Nurse Signature: _____ Date: _____