

Academy ISD Health Services
Parent Authorization for Severe Allergy Emergency Plan
 Campus: _____

Student	DOB	Grade/Homeroom	Bus #(s):
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Allergic to:	Severely allergic to the following food:
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- No Yes Student has asthma (higher risk for allergic reaction)
- No Yes Student has had a reaction that requires the use of Epinephrine
- No Yes Student permitted to carry & self administer their Epinephrine (Epipen, Auvi-Q)
- No Yes Student understands how to avoid allergen/food
- No Yes Student knows when & how to tell an adult they may be having an allergy related problem

Questions related to severe food allergy:

- No Yes Give Epinephrine immediately for **ANY symptoms** if the allergy was likely eaten
- No Yes Give Epinephrine immediately if the allergen was **definitely eaten, even if no symptoms noted**
- No Yes Student requires a special diet modification

Emergency med needed at school: Dosage/Route/Time	RX #	Expiration Date
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Emergency med needed at school: Dosage/Route/Time	RX #	Expiration Date
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Medication will be kept at school: N/A In health office Student will carry in/on _____ Other: _____

Please review standard emergency care and add additional instructions as needed

if you see one or more of the following potentially LIFE-THREATENING symptoms:

- Lung: short of breath, wheeze, repetitive cough
- Heart: pale, blue, faint, weak pulse, dizzy, confused
- Throat: tight, hoarse, trouble breathing/swallowing
- Mouth: obstructive swelling (tongue and/or lips)
- Skin: hives, itchy rashes, swelling (eyes, Lips, etc.)
- Gut: vomiting, diarrhea, crampy pain

Or if you see a combination of symptoms from different body areas:

- Skin hives, itchy rashes, swelling (eyes, lips, etc.)
- Gut: vomiting, diarrhea, crampy pain

Do This:

- Immediately Inject Epinephrine _____ (dose). Note time epinephrine was given**
- 1. Call 911. Inform operator epinephrine was given. CONTACT NURSE OR PRINCIPAL, CONTACT PARENTS. Treat student even if parents cannot be reached.
- 2. Stay with student and monitor. For a severe reaction, consider keeping student lying on back with legs raised
- A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur
- 3. If ordered, give additional medication: _____ (name/dose)
- Antihistamine** _____ (name/dose)
- If asthmatic, give inhaler: _____
- 4. Other instructions: _____

Actions to Take for a MILD Allergic Reaction

If you see any of this:

- Mouth: itchy mouth
- Skin: few hives around face/mouth, mild itch
- Gut: mild nausea/discomfort

The severity of the symptoms can quickly change.

Do this:

- Give antihistamine** _____ (name/dose)**
- 1. Stay with student
- 2. Notify school nurse/principal/ parent that a suspected allergic reaction has occurred
- 3. If symptoms become more severe, use epinephrine as instructed above

**IMPORTANT: Asthma inhalers and antihistamines cannot be depended on to replace epinephrine in anaphylaxis

Other instructions/ Plans to avoid allergen: _____

Physician & Parent Authorization for Emergency Action Plan for Severe Allergic Reaction

Physician Printed Name:	Physician Signature:	Physician Phone	Date
Parental Signature:	Best emergency phone:	Other phone	Date

Staff use only: Document administration of medication below and/or in student's electronic health record

Date	Time	Signature	Print Name	Comments