

School Health Services

THIS FORM WILL EXPIRE AT THE END OF THE SCHOOL YEAR

Allergy Action Plan

School Year:	:	Grade.	/Class:			child's picture here	
				h			
Student's Na	ame:		Date of bii	rtn:	- L		
Address:				Phone Numb	oer:		
ALLERGY:							
Latex							
Foods ((list):						
Stingin	g Insects (list):_						
Asthmatic:	YES*	NO	*High risk for severe reac	tion			
•	allergic reacti progress to a lif	on: The sev	verity of symptoms can quing situation.		All of the symptoms lis	ted below can	
Systems:	Symptoms:						
Mouth	Itching & swelling lips, tongue, or mouth						
Throat	Itching and/or sense of tightness in the throat, hoarseness, and hacking cough						
Skin	Hives, itchy rash, and/or swelling about the face or extremities						
Gut	Nausea, abdominal cramps, vomiting, and/or diarrhea						
Lung	Shortness of breath, repetitive coughing, and/or wheezing						
Heart	Thready pulse	ع, passing oı					
			Action for Major	<u>Reaction</u>			
If cumptom/	(s) aro:						
ιι δγιτιριστιτί	(5) are						
give				IMMEDIA	TELY! Then CALL: 911	1-Activate EMS.	
6.76							
				at			
Parent/Gua	rdian/Emergend	y Contact		F	Phone Number		
				at	Phone Number		
Healthcare I	Provider				hone Number		
			Action for Min		า		
If only symp	otom(s) are:						
	-						
give							
			Medication/Dose,	/Route			
Then call:							
					at		
Parent/Gua	rdian/Emergenc	y Contact			Phone Number		
					et Phone Number		
neaithcare I	rrovider				rnone Number	(

If condition does not improve within 10 minutes, follow steps for Major Reaction above.

Student's Name:	Date of birth:	Grade/Class:	
Parent Signature		Date	
Healthcare Provider Signature		Date	_
Healthcare Provider: Please initial hereif STU so self-administer; thus enabling the student to carr		• • •	
s able to self carry it is required by law for an additi			<u>e student</u>
PARENT/GUARDIAN AND STUDENT: Please initial has tudent self-administers Epi-pen/Auvi-Q during schoolsy initialing, you are acknowledging that by law, an n the clinic (ORC 3313.718).	ool he/she will notify an adult	school staff member to activat	e EMS.
Emergency Contacts:			
1Name 2	Relationship	Phone	
Name	Relationship	Phone	
3Name	Relationship	Phone	
Trained Staff Members			
1			
Name 2.	1	Room	
Name 3.		Room	
Name		Room	

EPI-PEN INSTRUCTION

Any time you are getting ready to use an Epi-pen on student, 911 must be called!

- 1. Form a fist around the auto-injector with the orange tip facing down. Do not put your thumb or finger over the orange tip. The orange tip is the end the needle comes out of.
- 2. Pull off blue activation cap. Failure to pull this off will cause the pen not to activate
- 3. Have student sit down if able to
- 4. Hold orange tip near outer thigh. This is the area that the medication will be given in.
- 5. Firmly jab into outer thigh through clothing (stay away from seams of jeans) until the auto-injector mechanism works (will hear a click noise)
- 6. **Hold in place and count to 10**. This enables the medication to get into the student.
- 7. Remove the EpiPen or EpiPen Jr. The orange tip will extend covering the needle.
- 8. Massage the injection area and count to 10.
- 9. Keep the child warm and calm. Stay with child at all times.
- 10. Note time of injection.
- 11. Send the used EpiPen or EpiPen Jr. to the Emergency Department with the child.

Auvi Q

1. Pull out of case and follow directions that are verbalized to you.