

Maryville R-II School District

Life-Threatening Allergy Care Plan

Place student picture here

NAME:		Severe ALLERGY to:	
		Other Allergies:	
Please list the specific symptoms the student has experienced in the past:		Asthma? <input type="checkbox"/> Yes (High risk for severe reaction) <input type="checkbox"/> No	
School:	Date of Birth:	Grade:	Routine medications (at home/school):
Bus #	Car <input type="checkbox"/>	Walk <input type="checkbox"/>	Date of last reaction:
Location(s) where Epi-pen®/Rescue medications is/are stored: <input type="checkbox"/> Office <input type="checkbox"/> Backpack <input type="checkbox"/> On Person <input type="checkbox"/> Coach <input type="checkbox"/> Other _____ <input type="checkbox"/> Nurses Office			

Allergy Symptoms: If you suspect a severe allergic reaction, immediately ADMINISTER Epinephrine and call 911

MOUTH	Itching, tingling, or swelling of the lips, tongue, or mouth
SKIN	Hives, itchy rash, and/or swelling about the face or extremities
THROAT	Sense of tightness in the throat, hoarseness, and hacking cough
GUT	Nausea, stomachache/abdominal cramps, vomiting, and/or diarrhea
LUNG	Shortness of breath, repetitive coughing, and/or wheezing
HEART	“Thready” pulse, “passing out,” fainting, blueness, pale
GENERAL	Panic, sudden fatigue, chills, fear of impending doom
OTHER	Some students may experience symptoms other than those listed above

MEDICATION ORDERS

Epi-pen® (0.3) <input type="checkbox"/> Epi-pen Jr.® (0.15) <input type="checkbox"/>	Side Effects:
Other <input type="checkbox"/>	
Repeat dose of medication ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when
Antihistamine Dose:	Give: _____ Teaspoons _____ Tablets by mouth Side Effects:
♦ It is medically necessary for this student to carry emergency medication during school hours. <input type="checkbox"/> Yes <input type="checkbox"/> No	
♦ Student may self-administer emergency medication as ordered. <input type="checkbox"/> Yes <input type="checkbox"/> No	
♦ Student has demonstrated use to Licensed Healthcare Provider. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Licensed Health Care Provider’s Signature:	Date:
Licensed Health Care Provider’s Printed Name:	Phone: Fax Number:

ACTION PLAN

- GIVE MEDICATION AS ORDERED ABOVE. AN ADULT IS TO STAY WITH STUDENT AT ALL TIMES.
- ♦ NOTE TIME _____ AM/PM (Epi-pen®/epinephrine given) ♦ NOTE TIME _____ AM/PM (Antihistamine given)
- CALL 911 IMMEDIATELY. 911 must be called **WHENEVER Epi-pen®/epinephrine is administered.**
- DO NOT HESITATE to administer Epi-pen®/epinephrine and to call 911 even if the parents cannot be reached.
- Advise 911 student is having a severe allergic reaction and Epi-pen®/epinephrine is being administered.
- An adult trained in CPR is to stay with student—monitor and begin CPR if necessary.
- Call the School Nurse or Health Services Main Office at _____.
- ♦ Student should remain with a staff member trained in CPR at the location where symptoms began until EMS arrives.
- ♦ Notify the administrator and parent/guardian.
- ♦ Dispose of used Epi-pen®/syringe in “sharps” container or give to EMS along with a copy of the Emergency Action Plan.

OVER 

Individual Considerations

Bus –Transportation should be alerted to student’s allergy.

- ◆ This student carries Epi-pen®/epinephrine on the bus: Yes No
- ◆ Epi-pen®/epinephrine can be found in: Backpack Waistpack On Person
 Other (specify) _____
- ◆ Student will sit at front of the bus: Yes No
- ◆ Other (specify): _____

Field Trip Procedures – Epi-pen®/epinephrine and EAP should accompany student during any off campus activities.

- ◆ Student should remain with the teacher or parent/guardian during the entire field trip: Yes No
- ◆ Staff trained in Epi-pen®/epinephrine use must accompany the student on a field trip.
- ◆ Other (specify) _____

CLASSROOM – For Food allergy only

- ◆ Student is allowed to eat only the following foods: _____
- Those in manufacturer’s packaging with ingredients listed and determined allergen-safe by the nurse/parent or _____
- Those approved by parent.
- High school student will be making his/her own decision.
- Alternative snacks will be provided by parent/guardian.
- Parent/guardian should be advised of any planned parties as early as possible.
- Classroom projects should be reviewed by the teaching staff and approved by building administrator to avoid specified allergens.
- ◆ Student should have someone accompany him/her in the hallways. Yes No
- ◆ Other (specify): _____

CAFETERIA NO Restrictions

- Student will sit at a specified allergy table.
- Student will sit at the classroom table cleansed according to procedure guidelines prior to student’s arrival and following student’s departure.
- Student will sit at the classroom table at a specified location.
- ◆ Cafeteria manager and hostess should be alerted to the student’s allergy.
- ◆ Other: _____

EMERGENCY CONTACTS

1.	Relationship:	Home Ph:	Work Ph:	Cell Ph:
2.	Relationship:	Home Ph:	Work Ph:	Cell Ph:
3.	Relationship:	Home Ph:	Work Ph:	Cell Ph:
4.	Relationship:	Home Ph:	Work Ph:	Cell Ph:

- ◆ I request this medication to be given as ordered by the school nurse or designee.
- ◆ I give trained school district staff permission to communicate with the medical office about this medication.
- ◆ Medical/Medication information may be shared with school staff working *directly* with my child and 911 staff, if they are called.
- ◆ All medication supplied must come in its originally provided container with instructions as noted above by the licensed health care provider.
- ◆ I request and authorize my child to carry and/or self-administer their medication. Yes _____ No _____
- ◆ I understand the permission to possess and self-administer an Epi-pen®/epinephrine may be revoked by the principal/school nurse if it is determined that my child is not safely and effectively able to self-administer.

Parent/Guardian Signature	Date
Student demonstrated to the nurse the skill necessary to self-administer the medication.	
Device(s) if any, used: _____ Expiration date(s): _____	
School Nurse Signature	Date

A copy of the Health Care Plan will be kept in the substitute folder and given to all staff members who are directly involved with the student.