



SEBRING LOCAL SCHOOLS



Allergy Action Plan

Place child's picture here

School Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

ALLERGY:

\_\_\_ Latex

\_\_\_ Foods (list): \_\_\_\_\_

\_\_\_ Medications (list): \_\_\_\_\_

\_\_\_ Stinging Insects (list): \_\_\_\_\_

Asthmatic: YES\* NO \*High risk for severe reaction

Signs of an allergic reaction: The severity of symptoms can quickly change. All of the symptoms listed below can potentially progress to a life-threatening situation.

Table with 2 columns: Systems, Symptoms. Rows include Mouth, Throat, Skin, Gut, Lung, Heart with corresponding symptoms.

Action for Major Reaction

If symptom(s) are: \_\_\_\_\_

give \_\_\_\_\_ IMMEDIATELY! Then CALL: 911-Activate EMS.

Parent/Guardian/Emergency Contact \_\_\_\_\_ at \_\_\_\_\_ Phone Number

Healthcare Provider \_\_\_\_\_ at \_\_\_\_\_ Phone Number

Action for Minor Reaction

If only symptom(s) are: \_\_\_\_\_

give \_\_\_\_\_ Medication/Dose/Route

Then call:

Parent/Guardian/Emergency Contact \_\_\_\_\_ at \_\_\_\_\_ Phone Number

Healthcare Provider \_\_\_\_\_ at \_\_\_\_\_ Phone Number

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

PLEASE SEE BACK OF FORM FOR REQUIRED PHYSICIAN SIGNATURE

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Healthcare Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

**Healthcare Provider:** Please initial here \_\_\_\_\_ if STUDENT has been instructed on how to use Epi-pen/Auvi-Q and is able to self-administer; thus enabling the student to carry the Epi-pen/Auvi-Q on his/her person while at school. If the student is able to self carry it is required by law for an additional Epi-pen/Auvi-Q to be kept in the school clinic.

**PARENT/GUARDIAN AND STUDENT:** Please initial here \_\_\_\_ / \_\_\_\_ to indicate that you have been instructed and if student self-administers Epi-pen/Auvi-Q during school he/she will notify an adult school staff member to activate EMS. By initialing, you are acknowledging that by law, an additional Epi-pen/Auvi-Q must be brought into the school and kept in the clinic (ORC 3313.718).

**Emergency Contacts:**

1. _____ Name	_____	_____
	Relationship	Phone
2. _____ Name	_____	_____
	Relationship	Phone
3. _____ Name	_____	_____
	Relationship	Phone

**Trained Staff Members**

1. _____ Name	_____
	Room
2. _____ Name	_____
	Room
3. _____ 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.

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**Auvi Q**

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

