

Must be completed by a
Licensed Health Professional

School City of Hammond
Health Services

Allergy and Anaphylaxis Emergency Plan

Effective Date _____ -

Student's Name: _____ Date of birth: ____/____/____ Weight: _____

Parent/Guardian Name: _____ Phone: _____

Other Contact Name: _____ Phone: _____

Health Care Provider: _____ Phone: _____

Student has allergy to _____

IMPORTANT REMINDER Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine. (Medication will accompany student on field trips)

Signs of Mild Allergic Reaction

Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort
- Nasal congestion, runny nose
- Redness of skin around mouth or eyes

For signs of mild allergic reaction: Observe student

Stay with student and:

- Give antihistamine (if prescribed)
- Call parents/guardian

If symptoms of severe allergy/anaphylaxis develop, use epinephrine.

Signs of Severe Allergy and Anaphylaxis

If student has **ANY** of these severe symptoms after eating the food or having a sting, **Give epinephrine.**

- Fainting or dizziness
- Shortness of breath, wheezing, or coughing
- Vomiting or diarrhea
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation
- Weak pulse
- Skin color is pale or has a bluish color
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing

Special Situation: If student has an extremely severe allergy to an insect sting or the following food(s):

_____. Even if student has MILD symptoms after a sting or eating these foods, **give epinephrine.**

If epinephrine is needed:

1. Inject epinephrine right away!
2. Note time when epinephrine was given.
3. Call 911.
 - Ask for ambulance with epinephrine
 - Tell rescue squad when epinephrine was given.
 - Send used epinephrine pen with Student to hospital.
4. Stay with student and:
 - Call parents.
 - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
 - Keep student lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
5. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
 - Antihistamine
 - Inhaler/bronchodilator

Student has asthma. Yes No Mild _____ Severe _____

Student has had anaphylaxis. Yes No Symptoms _____

Medicines/Doses

Epinephrine, intramuscular(list type): _____ Dose: 0.15mg 0.30mg(weight more than 25kg)

Antihistamine, by mouth (type and dose): _____

Other: _____

Physician Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Health Services Staff Signature _____ **Date** _____

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Allergy and Anaphylaxis Emergency Plan Continued

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Additional Information:
