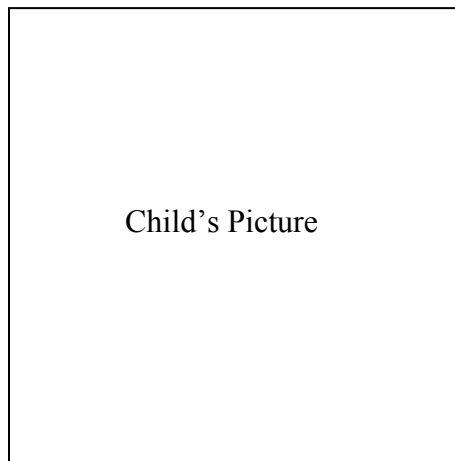


WARREN WOODS PUBLIC SCHOOLS

EMERGENCY ACTION PLAN – SERIOUS ALLERGY

A review of health information completed by you indicates that your child has a SERIOUS ALLERGY. In order for us to meet his/her health and safety needs in the school environment, it is important that you and your health care provider/M.D. supply the following information. Please complete accurately and completely. We will utilize this information in planning for and responding to any needs that become apparent during school hours.



Effective Date: _____

To be completed by parents/health care team and reviewed as needed with necessary school staff -- copies should be kept in the in the student's classroom and school

Student's Name: _____

DOB: _____ Grade: _____ Teacher: _____

Approved by: _____ (health care provider)
Signature Date

Approved by: _____ (parent/guardian)
Signature Date

Acknowledged by: _____ (school rep.)
Signature Date

CONTACT INFORMATION

Parent #1 Name _____ Parent #2 Name _____

Parent/Guardian #1: Telephone-Home _____ Work _____ Cell _____

Parent/Guardian #2: Telephone-Home _____ Work _____ Cell _____

Student's Doctor/Health Care Provider _____ Phone _____

Other Emergency Contact _____ Relationship _____ Phone _____

Notify parent/guardian in the following situations: _____

SYMPTOMS	EMERGENCY TREATMENT (To be completed by DR/LHP)
<p><u>MILD SYMPTOMS</u> (Local Reaction) ▶▶▶▶▶</p> <p>◆ Mild Skin Reactions <i>Hives/Swelling only in the areas of allergen contact</i></p> <p>√ Students with Adrenalin (Epi-Pen) or history of Anaphylaxis must go home with parental supervision for the remainder of the school day</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; width: fit-content;"> <p>SYMPTOMS CAN BECOME MORE SERIOUS VERY QUICKLY <u>OR</u> OVER THE NEXT SEVERAL HOURS</p> </div>	<p><i>IF STUDENT HAS MILD SYMPTOMS OR INGESTION IS SUSPECTED:</i></p> <ul style="list-style-type: none"> ■ Remove object-causing reaction, as soon as any of the above reactions are noted. ■ Rinse area with large amounts of water and escort student to front Office if condition permits ■ Contact school administrator ■ Note time _____ (am/pm) and stay with student ■ <u>Watch closely for any serious symptoms</u> ■ Give _____ as ordered by doctor ■ Call Parent or Emergency Contact (current emergency contact information is available from the school office) ■ Stay with student until Parent or Emergency Medical services arrives

DO NOT HESITATE TO CALL 9-1-1 OR TO GIVE EMERGENCY MEDICATION(S)

<p><u>SERIOUS SYMPTOMS</u> (Systematic Reaction) ▶▶▶▶</p> <ul style="list-style-type: none">● THROAT - itching and/or a sense of tightness in the throat, hoarseness and hacking cough● LUNG - shortness of breath, repetitive coughing or wheezing● HEART - “thready” pulse, “passing out”, blueness, pale● MOUTH - itching & swelling of the lips, tongue, or mouth● SKIN - hives, itchy rash, and/or swelling about the face or extremities● GUT - nausea, abdominal cramps, vomiting and/or diarrhea	<p><u>IF STUDENT HAS ANY SERIOUS SYMPTOMS:</u></p> <ul style="list-style-type: none">■ Note time _____ am/pm and stay w/student■ Give _____ as ordered by doctor■ ADMINISTER EPI PEN injection, if ordered Follow direction on injection device as trained Note time given: _____ am/pm■ Call 9-1-1■ Dispose of used Epi-pen in “sharps” container or give to Emergency responders■ Give copy of “Emergency Action Plan” to emergency responders■ Call Parent or Emergency Contacts (current emergency contact information is available from the school office)
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PLEASE COMPLETE THIS SECTION IF YOUR CHILD HAS A
SEVERE FOOD ALLERGY

NOTE: Meals from home provide the safest food option at school

- Check here if student will eat ANY school provided meals in the entire school year. If so, the following MUST be completed.
- If yes, can student determine own food choices?

FOODS TO OMIT:

EPIPEN® AND EPIPEN JR. DIRECTIONS

1. Pull off gray activation cap
2. Hold back tip near outer thigh (always apply to thigh)
3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and taken with you to the Emergency Room. Massage the injection area for 10 seconds.

For children with multiple allergies, use one form for each allergen.

FOR OFFICE USE ONLY:

Copy to Transportation: Yes No Date Sent: _____

Source: School Based Allergy Mgt. Plan pg. 2 Adapted from Food Allergy Network