

SIMSBURY PUBLIC SCHOOL DISTRICT Allergy Individual Health Plan

Name:	Date
Birth Date:	School: Grade:
Asthma? Yes* <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> • if yes, increased risk for severe reaction 	Severe Allergy to:

**If you suspect a severe allergic reaction, immediately administer EpiPen and call 911
EpiPen can only be given if you have been trained to use it**

Allergy Symptoms

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

Emergency Action Plan

- ▶ **GIVE MEDICATION AS ORDERED. AN ADULT IS TO STAY WITH STUDENT AT ALL TIMES**
- ▶ **NOTE TIME** _____ **AM/PM (EpiPen given)**
- ▶ **Other medication given :** _____ **AM/PM**
- CALL 911 IMMEDIATELY. 911 must be called WHENEVER EpiPen is administered.**
- ▶ **DO NOT HESITATE to administer EpiPen and to call 911, even if the parents cannot be reached.**
- ▶ Advise 911 that student is having a severe allergic reaction and EpiPen is being administered.
 - ◇ Student to remain with a staff member at location where EpiPen was administered and wait for EMS.
 - ◇ Notify the parent/guardian and administrator
 - ◇ Dispose of used EpiPen in "sharps" container or give to EMS along with a copy of the Care Plan.

MEDICATION ORDERS (must be filled out by a licensed health care provider)

EpiPen (0.3)mg <input type="checkbox"/> or EpiPen JR (0.15)mg <input type="checkbox"/> Other <input type="checkbox"/>	Side Effects:
Antihistamine:	Side Effects:
♦ Can the student carry an EpiPen during school hours? Yes <input type="checkbox"/> No <input type="checkbox"/> ♦ Student may self-administer EpiPen ? Yes <input type="checkbox"/> No <input type="checkbox"/> ♦ Student has demonstrated use of EpiPen? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Physician Signature: _____ Date: _____ Fax _____	
+-----+	
_____ Parent/Guardian Signature	Parent/Guardian approval to self carry ? Yes <input type="checkbox"/> No <input type="checkbox"/> Parent/Guardian approval to self administer? Yes <input type="checkbox"/> No <input type="checkbox"/>