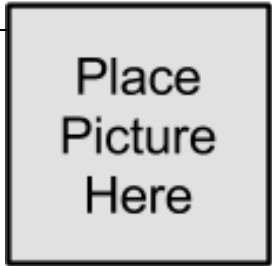




School Year _____



STUDENT ALLERGY ACTION PLAN (Insect, Food or Latex Allergy)

Student Name _____ Date of Birth _____
School _____ Grade _____ Teacher/Homeroom _____
Parent/Guardian _____
Address _____
Phone (Home) _____ Phone (Cell) _____ Phone (Work) _____
Emergency Contact _____ Relationship _____
Phone (Home) _____ Phone (Cell) _____ Phone (Work) _____
Physician _____ Phone _____

*A Food Intolerance means either the body can't properly digest the food that is eaten, or that a particular food might irritate the digestive system. Symptoms of food intolerance can include nausea, gas, cramps, belly pain, diarrhea, irritability or headaches.

My child is NOT allergic, but has a food intolerance to:
Avoid at all times Allow in small amounts Don't restrict at school

My child's usual symptoms of food intolerance: _____

*A Food Allergy happens when the body's immune system, which normally fights infections, sees the food as an invader. This leads to an allergic reaction which can cause symptoms like hives, vomiting, belly pain, throat tightness, hoarseness, coughing, breathing problems, or a drop in blood pressure. This can be life threatening.

ALLERGY MANAGEMENT PLAN

My child is allergic to: _____

If your child has a latex allergy, should latex sources be removed from his/her school environment? Yes No

Check the symptoms your child has had during past allergic reaction(s):

- Hives Itching Tightness in Chest Difficulty Breathing
Tongue Swelling Dizziness Drop in Blood Pressure Unconsciousness
Swelling at the site Redness at the site Other

If a reaction occurs, how soon does the reaction occur and what first aid measures are school personnel to take? _____

Does your child have Asthma: Yes (higher risk for a severe reaction) No

Child's Weight: _____ lbs.

Does your child require medication(s) for the allergy? Yes No What? _____

Medication Authorization Form needed

Does your child have an Epi Pen? Yes No








Will your child keep an Epi Pen at School? Yes No Where? _____

If medication is required at school, a Medication Authorization form must be completed

If your child requires a special diet or food substitution related to his/her allergy, you must contact School Nutrition at (920)208-4587

Parent/Guardian Signature _____ Date _____





FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS

 LUNG Short of breath, wheezing, repetitive cough	 HEART Pale, blue, faint, weak pulse, dizzy	 THROAT Tight, hoarse, trouble breathing/ swallowing	 MOUTH Significant swelling of the tongue and/or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

↓ ↓ ↓

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.

MILD SYMPTOMS

 NOSE Itchy/runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea/ discomfort
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FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

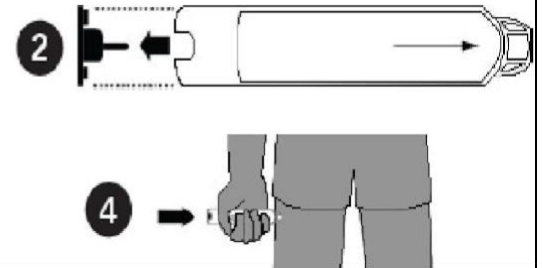
FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE!

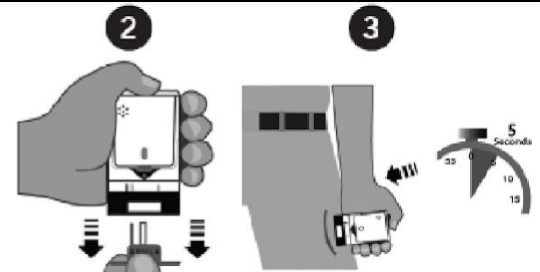
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



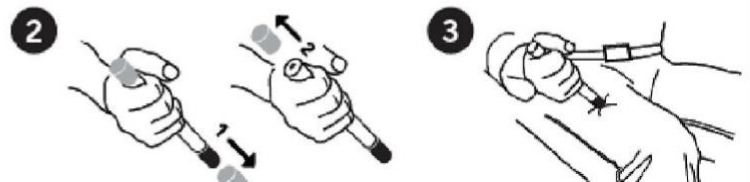
AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



This information may be shared with the classroom teacher(s), bus driver, and other appropriate school personnel with a need to know. www.foodallergy.org/document.doc?id=234