



**School District of Grafton**  
*Preparing Learners for a Dynamic Tomorrow. Every Student. Every Day.*

Student's  
Photo

**Emergency Care Plan – Allergy and Anaphylaxis**

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Bus Student:  Yes  No

Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Allergy to :** \_\_\_\_\_ if exposed by:  inhaling  ingesting  stung  skin contact (Wash with soap & water)

**Child has had anaphylaxis?**  Yes  No **Has epinephrine been administered?**  Yes  No **Asthma:**  Yes  No  
A history of asthma could increase risk for anaphylaxis.

**It is necessary for my child to eat lunch at the peanut/nut free table:**  Yes  No **Student's Weight:** \_\_\_\_\_

**FOR COMPLETION BY PHYSICIAN / HCP**

**Medication Order (Any additional instructions should be written on the reverse side of this form):**

**Epinephrine:** inject intramuscularly (circle one) EpiPen® 0.15 mg EpiPen® 0.3mg Auvi-Q® 0.3mg Auvi-Q® 0.15 mg other: \_\_\_\_\_

**Antihistamine:** give (medication/dose/route) \_\_\_\_\_

**Other:** give (medication/dose/route) \_\_\_\_\_

**Student / guardian have been instructed. Student may carry medication and self-administer at school if able.**  Yes  No

**The prescribed treatments for the following symptoms are listed below.**

**For Severe Allergy and Anaphylaxis**

**What to look for**

If child has ANY of these severe symptoms after eating the food or being stung, **give epinephrine.**

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that hinder breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Multiple/many hives or redness over body
- Feeling of "doom", confusion, altered consciousness, or agitation

**Special Situation:** If this box is checked, the child has an extremely severe allergy to an insect sting or the following food(s): \_\_\_\_\_ Even if the child has MILD symptoms after a sting or eating these foods, **give epinephrine.**



**Give epinephrine!**

**What to do**

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911
  - Ask for ambulance with epinephrine.
  - Tell rescue team when epinephrine was given.
3. Stay with child and:
  - Call parents and child's doctor.
  - Give a second dose of epinephrine, if symptoms get worse, continue, or do not improve in 5 minutes.
  - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine. Other medicine can include:
  - Antihistamine
  - Rescue Inhaler/Bronchodilator

**For Mild Allergic Reaction**

**What to look for**

If the child has any mild symptoms, monitor the child.

- Symptoms may include:
- Itchy nose, sneezing, itchy mouth
  - A few hives
  - Mild nausea or stomach discomfort



**Monitor child**

**What to do**

- Stay with the child and:
- Watch the child closely.
  - Give antihistamine (if prescribed).
  - Call parents and child's doctor.
  - If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis" above.)

The medication/procedure above is to be administered/performed during the school day in accordance with the listed instructions and agreements. I agree to accept communication about student/medication/procedure and understand medication may be given by non-medically trained school personnel.

Print Physician/HCP Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician/HCP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Physician/HCP Instructions:****PARENT/GUARDIAN CONSENT:**

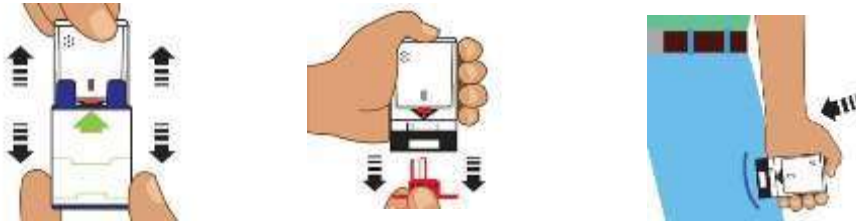
- This student is capable of self-administration and may carry medication & self-administer (if physician has approved above).  Yes  No
- I request and authorize that this medication be administered at school by school personnel.
- I understand that parent/guardian/responsible adult should deliver all medication to the school.
- I will supply medication in its original, updated, properly labeled container.
- This order is in effect for this school year unless otherwise indicated.
- I will obtain a new physician's order and notify the school in writing of any changes.
- I authorize school personnel to exchange information verbally or in writing with my child's physician regarding this medication or the conditions for which it is prescribed.
- I give my permission to have my child's photo displayed on this form and the school critical health alert form.
- I give permission to designated school personnel to notify other appropriate school personnel and classroom teachers of medication administration and possible adverse effects of the medication.
- I understand that non-medically trained school personnel will give medication.
- I agree to hold the School District, its employees, and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of this medication at school.
- My signature indicates that I have fully read and understand the above information.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

District Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO ADMINISTER EPINEPHRINE**How to use **Auvi-Q®** (Epinephrine injection, usp), (manufactured by Kaleo)

1. Remove Auvi-Q® from the outer case.
2. Pull off the red safety guard.
3. Place black end of Auvi-Q® against the middle of the outer thigh.
4. Press firmly, and hold in place for 5 seconds.
5. Call 911 and request emergency help right away.

How to use **EpiPen® and EpiPen Jr®** (Epinephrine) Auto-injector (manufactured by Mylan)

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and request emergency medical help right away.

