Hammond Academy of Science & Technology
Allergy & Anaphylaxis Emergency Plan

Must be completed by a **Licensed Health Professional**

Name:_____DOB: _____Grade: _____Date:_____

Parent Name(s): _____ Cell _____ Hm: _____ WK_____

Other Contacts: _____ Cell _____ Hm _____ WK:_____

Health Care Provider's Name: _____ PH: _____ Fax:_____

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):

_____.

▢ Yes ▢No 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 their 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_____

Must be completed by a **Licensed Health Professional**

Parent/Guardian Signature_____

Health Services Staff Signature_____ Date_____

Allergy & Anaphylaxis Emergency Plan Continued

Student's Name:_____ Date of Birth: _____ Effective Date_____

Additional Information:

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