

**Food Allergy
Emergency Action Plan**

ALLERGY TO: _____

Student Name	School Year
Birthdate	Grade/Teacher
Parent Name	Phone #
Physician Name	Phone #

DOES STUDENT REACT BY CONTACT YES NO DOES STUDENT HAVE ASTHMA YES NO

CAUTION!! -- YELLOW ZONE

Antihistamine	Medication Name	Dose	Route	Frequency

**DO NOT LEAVE STUDENT
UNATTENDED!!**



Give above medication for the following symptoms:

- if food allergen ingested (or suspected ingestion) but no symptoms
- Mouth itching or tingling or numbness
- Skin Hives, itchy rash
- Nausea, abdominal cramps

The severity of symptoms can quickly change and progress to a life-threatening situation

DANGER- LIFE THREATENING!! RED ZONE

Epinephrine	Dose	Route	Frequency

May repeat dose one time in 10-15 minutes if no improvement and 911 has not arrived

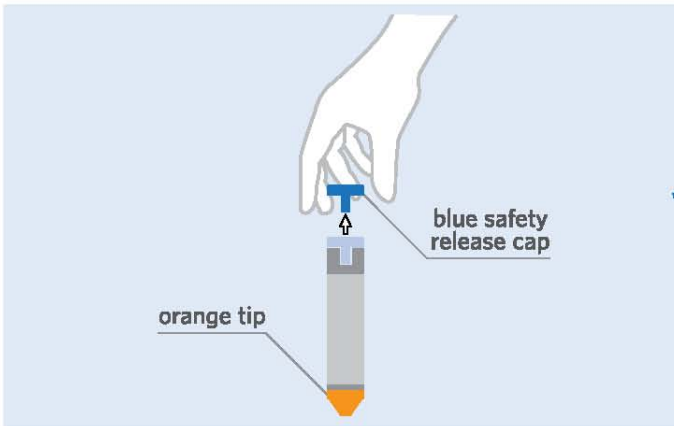
**DO NOT LEAVE STUDENT
UNATTENDED!!**



Give above medication for the following symptoms:

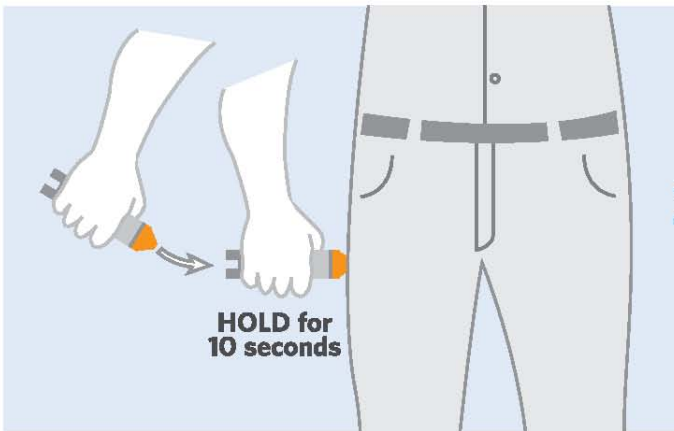
- if food allergen ingested (or suspected ingestion) but no symptoms
- Swelling of the lips, face or extremities
- Swelling of the tongue or mouth
- Vomiting, Diarrhea, and abdominal cramping
- Throat tightening, hoarseness, hacking cough
- Shortness of breath, repetitive coughing, wheezing
- Thready pulse, low blood pressure, fainting, pale, blueness
- If more than one body system affected
- Other _____

EPIPEN[®]
(Epinephrine) Auto-Injectors 0.3/0.15mg



1

Pull off the blue safety release cap.



2

Swing and firmly push the orange tip against the outer thigh so it 'clicks.' HOLD on thigh for approximately 10 seconds to deliver the drug.

Please note: As soon as you release pressure from the thigh, the protective cover will extend.

Each EpiPen Auto-Injector contains a single dose of a medicine called epinephrine, which you inject into your outer thigh. **DO NOT INJECT INTRAVENOUSLY. DO NOT INJECT INTO YOUR BUTTOCK,** as this may not be effective for a severe allergic reaction. In case of accidental injection, please seek immediate medical treatment.

Call 911

3

Seek immediate emergency medical attention and be sure to take the EpiPen Auto-Injector with you to the emergency room.

To view an instructional video demonstrating how to use an EpiPen Auto-Injector, please visit epipen.com.



BACK TO SCHOOL WITH SEVERE ALLERGIES CHECKLIST

- 1) Develop an Emergency Allergy Action Plan with your child's physician.
 - a. One has been included with this checklist
 - b. One can be found on the district website at:
 - i. <http://www.mtsd.k12.wi.us/parents/healthforms.cfm>
- 2) Talk to your child's teacher and school nurse about your child's allergy and review the emergency action plan
- 3) Mark all medications with your child's name and drop off at your child's school prior to the first day of school
 - a. Antihistamine
 - b. Epinephrine auto injector
- 4) Find out if your child may carry emergency medication while at school.
 - a. Students in grades 6-12 may carry with the following on file
 - i. Emergency action plan signed by physician and parent

**** IT IS IMPORTANT THAT TEACHERS AND STAFF MEMBERS AT YOUR CHILD'S SCHOOL KNOW YOUR CHILD HAS A SEVERE ALLERGY AND HOW TO MANAGE YOUR CHILD'S ALLERGY AND EMERGENCIES.**