

UNKNOWN Allergy Emergency Action Plan

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

DOES STUDENT REACT BY CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO DOES STUDENT HAVE ASTHMA <input type="checkbox"/> YES <input type="checkbox"/> 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 _____

- I hereby give permission to MTSD’s trained staff to give the medication(s) to my child according to the directions stated above and further authorize them to contact the child’s physician with any concerns regarding medication administration. I agree to hold the Mequon-Thiensville 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.
- I allow the named physician (office) to send by electronic transmission this form to the Mequon-Thiensville School District for the purpose of continuing health care at school.
- I give the school staff, including the district designated health care professional, permission to call me with any concerns regarding medication administration.
- **ONLY STUDENTS IN GRADES 6-12 WILL BE ALLOWED TO CARRY AND SELF ADMINISTER EPINEPHRINE WITH PHYSICIAN APPROVAL**

Parent Signature

Date

LICENSED MEDICAL PROVIDER USE ONLY:

Please check the appropriate box and sign below:

- This student possesses the knowledge and skills necessary to carry and self-administer their epinephrine auto injector during the school day and on school sponsored activities.
- This student DOES NOT possess the knowledge and skills necessary to carry and self-administer their epinephrine auto injector during the school day or school sponsored activities.

Physician’s Signature

Date

District Nurse Signature

Date

District Nurses
 Phone # 262-238-5663
edaly@mtsd.k12.wi.us
khoppagrady@mtsd.k12.wi.us

FAX NUMBERS

Wilson 262-238-4662
 Lake Shore 262-238-7650

Oriole Lane 262-238-4250
 Steffen 262-238-4740

Donges Bay 262-238-7970
 Homestead 262-238-5633

Blue to the sky. Orange to the thigh.

How to use EpiPen® and EpiPen® Jr Auto-Injectors.

Remove the EpiPen® Auto-Injector from the carrier tube and follow these 2 simple steps:



- Hold firmly with orange tip pointing downward.
- Remove blue safety cap by pulling straight up. Do not bend or twist.



- Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'.
- Hold on thigh for several seconds.



Built-in needle protection

- After injection, the orange cover automatically extends to ensure the needle is never exposed.

After using EpiPen®, you must seek immediate medical attention or go to the emergency room. For the next 48 hours, you must stay close to a healthcare facility or be able to call 911.



Trusted for over 25 years.



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.**