



# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN



Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

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

Extremely reactive to the following allergens: \_\_\_\_\_

THEREFORE:

- ☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- ☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

## FOR **ANY** OF THE FOLLOWING: **SEVERE SYMPTOMS**



### LUNG

Shortness of breath, wheezing, repetitive cough



### HEART

Pale or bluish skin, faintness, weak pulse, dizziness



### THROAT

Tight or hoarse throat, trouble breathing or swallowing



### MOUTH

Significant swelling of the tongue 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 emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders 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.
    - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

## **MILD SYMPTOMS**



### NOSE

Itchy or runny nose, sneezing



### MOUTH

Itchy mouth



### SKIN

A few hives, mild itch



### GUT

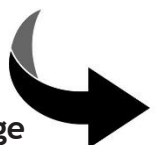
Mild nausea or discomfort

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.

Continue on next page



**TO BE COMPLETED BY MEDICAL PROVIDER**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

The above-named person is a patient currently under my medical care.

Due to food allergies, as mentioned on the previous page, this child is given a medical action plan in case of emergencies.

**Medication/ Doses**

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Office Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

**MD Stamp Below****Please see the parent/student handbook about expiration date for action plans.****TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN****I understand that:**

- prescription medications may be administered at school and must be in an unopened, pharmacy-labeled prescription bottle that matches the Physician's School Medication Form. Medication dosage, time and intervals, must be exact.
- non-medical personnel administer medications daily.
- prior to the first day attending, the parent/guardian is required to sign the check-in/check-out log for medication.
- students are not permitted to transport medication to or from school.
- medication may only be administered as ordered on the approved medication forms.
- if medication is not available at the school, 911 will be called for emergencies.
- a medical action plan must be filled out prior to the first day attending (Depending on the action plan this might also have to be filled out by the child's physician).
- **medication not picked up within two weeks of the last day of school will be discarded.**

**RELEASE OF LIABILITY FORM**

I \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_ realizing the importance of administering medication to my child as prescribed by the child's physician, do hereby agree to relieve designated school personnel, Rockfish Country Kids, The Nature School NC, and Gregg and Cheryl Allin of and from any liability from any potential ill effects as a result of their injecting or giving my child medication prescribed by the child's physician. I have discussed this with my physician and/or legal counsel (lawyer) and realize its ramifications and thoroughly understand the meanings of these statements. I consent for the medical provider to disclose health or medical information regarding medication prescribed. I understand that I may revoke this consent at any time, except to the extent action has been taken in reliance on it. This consent is valid until I revoke it in writing or for the term of one year.

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_