FAIRFIELD COMMUNITY SCHOOLS

Benton Elementary
Ph: 574-831-2192 Fax: 574-831-2200

Fairfield Jr-Sr High
Ph: 574-831-2184 Fax: 574-831-2187

Millersburg Elem. & Middle
Ph: 574-642-3074 Fax: 574-642-3918

New Paris Elementary
Ph: 574-831-2196 Fax: 574-831-3160

Health Services
2021 - 2022

Allergic Reaction Action Plan and Self-Administered Medication Authorization

Name: _____ DOB: _____ School: _____ Grade: _____

Parent Name(s): _____ PH:

_____ Cell: _____ WK:_____

Other Contacts: _____ PH:

_____ Cell: _____ WK:_____

Health Care Provider's Name:

This child is 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.

_____ PH: _____Fax: _____

Allergic Reaction Action Plan AREAS BELOW TO BE COMPLETED BY HEALTH CARE PROVIDER

MILD SYMPTOMS

NOSE Itchy/runny nose, sneezing	**SKIN** A few hives, mild itch
MOUTH Itchy mouth	**GUT** Mild nausea/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.

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): _____

_____

☐ This student may carry & self-administer the above medications during school attendance and/or during school events & has been instructed on how to properly self-administer this medication.

SEVERE SYMPTOMS

LUNG Short of breath, wheezing, repetitive cough	**THROAT** Tight, hoarse, trouble breathing/swallowing

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 **HEART** Pale, blue, faint, weak pulse, dizzy	 **MOUTH** Significant swelling of the tongue and/or lips
SKIN Many hives over body, widespread redness	**GUT** Repetitive vomiting, severe diarrhea

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 or Inhaler 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.

Parent/Guardian Signature Date

Physician Signature Date