

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

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

Fairfield Community Schools

Health Services 2020 - 2021

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

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

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: _____ PH: _____ Fax: _____



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.

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.

This student needs assistance/supervision to use the above medications and may NOT carry or self-administer medication.

SEVERE SYMPTOMS

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