

# Fulton City School District

## Allergic Reaction/Anaphylaxis Health Care Plan

### General Information

Name \_\_\_\_\_ DOB \_\_\_\_\_

Teacher \_\_\_\_\_ Room \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

### Emergency and Physician Contacts

Emergency Contact #1 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #2 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #3 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician for Allergy Treatment \_\_\_\_\_ Phone \_\_\_\_\_

Other Physician \_\_\_\_\_ Phone \_\_\_\_\_

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

(For children with multiple food allergies, use one form for each food.)

Asthmatic: Yes\*

No

\* high risk for severe reaction

### Signs of an allergic reaction include:

Systems:

- Mouth
- Throat
- Skin
- Gut
- Lung
- Heart

Symptoms:

- itching and swelling of the lips, tongue, or mouth
- itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
- hives, itchy rash, and/or swelling about the face or extremities
- nausea, abdominal cramps, vomiting, and/or diarrhea
- shortness of breath, repetitive coughing, and/or wheezing
- “thready” pulse, “passing out”

**The severity of symptoms can quickly change. \*All above symptoms can potentially progress to a life-threatening situation!**

Action: (check all that apply)

- School nurse to proceed directly to the symptomatic patient, with emergency medicine in hand
- For accidental ingestion or exposure to \_\_\_\_\_ or  stung by \_\_\_\_\_
- Immediately give \_\_\_\_\_mg Benadryl (Diphenhydramine Hydrochloride)
- For any accidental exposure/sting- immediately administer epi-pen to outer portion of thigh, and dial 911. Inform 911 epinephrine may be needed. Transport to emergency room by ambulance.
- Student is self-directed and may self-carry emergency medication (as determined by MD and school nurse)
- Contact parent for any signs of allergic reaction

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL 911**

### **EpiPen and EpiPen Jr. directions**

1. Pull off blue safety release
2. Firmly push orange tip against outer thigh so it 'clicks'. Hold on thigh for 10 seconds. Remove and massage injection area for 10 seconds. Give EpiPen to EMS.

**For children with multiple food allergies, use one form for each food.**

MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed MD Name: \_\_\_\_\_  or see attached scripts

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Must be updated/received yearly.