Cambria-Friesland School Policy JHCF-Exhibit

Anaphylactic/Bee Sting/Allergy Action Plan

Allergy Action Plan must be updated/received yearly.

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

410 E Edgewater Street, Cambria, WI 53923 Phone (920) 348-5135 Fax (920) 348-5119

Student's Name:	**DOB:**	**Date:**
Elementary___ Mid/High ____	**Grade:**	**Bus Student:** Yes No

INSECT STING: **FOOD ALLERGY:** **OTHER:** **ASTHMA: YES NO**

Symptoms:		**Give Checked Medication**:** **(To be determined by physician authorizing treatment)	
• If contact with allergen or bee sting, but no symptoms:		☐Epinephrine	☐Antihistamine
• Nose/Eyes:	Itching, sneezing, congestion, runny nose, red eyes, tearing		
• Mouth:	Itching, tingling, or swelling of lips, tongue, mouth	☐Epinephrine	☐Antihistamine
• Skin:	Hives, itchy rash, swelling of the face or extremities	☐Epinephrine	☐Antihistamine
• Gut:	Nausea, abdominal cramps, vomiting, diarrhea	☐Epinephrine	☐Antihistamine
• Throat†:	Tightening of throat, hoarseness, hacking cough, difficulty Swallowing, difficulty speaking, itchiness in ear canals	☐Epinephrine	☐Antihistamine
• Lung†:	Shortness of breath, repetitive coughing, wheezing, chest tightness	☐Epinephrine	☐Antihistamine
• Heart†:	Thready pulse, low blood pressure, fainting, pale, blue	☐Epinephrine	☐Antihistamine
• Other†:	_____	☐Epinephrine	☐Antihistamine
• If reaction is progressing (several of the above areas affected), give:		☐Epinephrine	☐Antihistamine

†Potentially life-threatening. The severity of symptoms can quickly change. Asthma -higher risk for severe reaction.

DOSAGE

Epinephrine: Inject intramuscularly (Outer Thigh) (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg

A second EpiPen may be administered if no improvement in symptoms occur within approximately 15 minutes. Yes_____ No_____

Antihistamine: give: medication/dose/route_____

Other: give: medication/dose/route:_____

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

This student is capable of self-administration and may carry medication & self-administer in school. Yes____ No____

Possible Side Effects:_____

Direct contact shall be made with the physician should the student receiving the medication develop any of the following conditions or reactions to the medication (if none, so state)_____

EMERGENCY CALLS

1. Call **911 any time EPI is given. State that an allergic reaction has been treated, and additional epinephrine may be needed.**

2. Emergency contact: Name/Number/Relationship to student

A_____/_____/_____

B _____/_____/_____

3. Contact Dr._____ Phone _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Medication Consent:
I hereby give permission to designated trained school personnel to give medication to my child during the school day, including when away from school property on official school business, according to the written instructions of the doctor as shown on this form. I also hereby agree to give my permission to the school nurse and/or school personnel to contact the child's physician if needed.

I hereby give permission to designated school personnel to notify other appropriate school personnel and classroom teachers of medication administration and possible adverse effects of the medication.

I further agree to hold the Cambria-Friesland School District, and the employee(s) who is (are) administering the medication harmless in any or all claims arising from the administration of this medication at school.

I agree to notify the school at the termination of this request or when any change in the above orders is necessary.

_____Yes _____No Authorization is hereby granted to contact physician or to release this information to appropriate school personnel and classroom teachers.

Parent's Signature:	**Date:**
Physician's Signature:	**Date:**
Principal's Signature:	**Date:**

**** Note: School nurse will attach dispensing directions of ordered medication. ****

Approved: July 26, 2010