Place Child's Picture Here

HEALTH LINK LLC

Prevention Plan

Student's Name: _____ Date of Birth: _____

Teacher's Name: _____ Room #: _____

ALLERGY TO: _____

_____

Asthmatic? Y/N) _____ (Yes=Higher Risk for Severe Reaction)

School will:

- ☐ A Certified Medication Technician on site with on-call Delegating RN
- ☐ Have staff trained in CPR & First Aid
- ☐ Have staff trained in Allergy & Anaphylaxis
  → administering EpiPen® including demonstration & practice
- ☐ Emergency List distributed to:_____
- ☐ Have staff trained on individual emergency plans
- ☐ School staff will make every reasonable effort to prevent the student's exposure to known allergens
- ☐ Other_____

Parents will:

- ☐ Provide pertinent health information to the school
- ☐ Provide Physician Authorization Forms and Action Plans
  → for student medication and specific actions plans for emergency care
- ☐ Current, non-expired medications
- ☐ Provide safe snack option to school/classroom
- ☐ Other:_____
- ☐ Other:_____
- ☐ Other:_____

Student will:

- ☐ Make every effort to avoid contact with allergen
- ☐ Alert nearest adult if suspect exposure to allergen
- ☐ Other

Notes:

Place Child's Picture Here

Management of Severe Allergic Reactions & Anaphylaxis

HEALTH LINK LLC

Student's Name: _____ **Date of Birth:** _____
Teacher's Name: _____ **Room #:** _____
ALLERGY TO: _____

_____

Asthmatic? (Y/N) _____ (Yes=Higher Risk for Severe Reaction)

STEP 1: TREATMENT

Symptoms	**Give This Medication**	
	Epinephrine	Antihistamine
If a food allergen is ingested or suspected bee sting, but *no symptoms*		
Mouth: itching, tingling, or swelling of lips, tongue mouth		
Skin: hives, itchy rash, swelling of the face or extremities		
Gut: nausea, abdominal cramps, vomiting, diarrhea		
Throat *: Tightening of throat, hoarseness, hacking cough		
Lung*: Shortness of breath, repetitive coughing, wheezing		
Heart*: Weak or thread pulse, low blood pressure, fainting, pale, blueness		
Other:		
If reaction is progression (several of the above areas affected):		

*Potentially life-threatening. The severity of symptoms can quickly change.

DOSAGE
Epinephrine: inject intramuscularly:

EpiPen® or generic _____ Epipen JR® or generic _____ Auvi-Q _____

Antihistamine: give _____

Other: give _____

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

STEP 2: EMERGENCY CALLS

Call 911 (or Rescue Squad). State that an allergic reaction has been treated and additional epinephrine made be needed.

_____ **Doctor's Name**
_____ **Doctor's Phone Number**

_____ **Parent's Name**
_____ **Parent's Phone Number**

_____ **Emergency Contact 1 Name/Relationship**
_____ **Emergency Contact 1 Phone Number**

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

_____ **Parent Guardian's Signature/Date**
_____ **Doctor's Signature/Date**