

ISD #2909 ALLERGY EMERGENCY ACTION PLAN

School Year: _____ **Student Name:** _____

Allergies: _____

Weight: _____ **Age:** _____

Benadryl needed at school: yes ___ no ___ **Dosage prescribed:** _____

EpiPen Prescribed: yes ___ no ___ (< 55 lbs, age 3-6, 0.15 mg/ >55 lbs, 7 yrs-adult, 0.30 mg)

Medication Location: nurse's office _____ self-carry _____

<p>Avoid:</p> <ul style="list-style-type: none"> • _____ • _____ • _____ 	<p>Prevention:</p> <ul style="list-style-type: none"> • If leaving campus: Teacher will know how to administer EpiPen if prescribed. • Bring Medication prescribed (EpiPen or Benadryl) on all field trips.
<p>If You See This</p> <ul style="list-style-type: none"> • Reported or suspected ingestion or sting • Hives • Itchy Skin • Hives spreading over body • Wheezing, difficulty swallowing or breathing • Swelling of face, ears, lips or neck • Tingling/swelling of tongue • Vomiting/diarrhea • Extreme paleness/gray color, clammy skin • Loss of consciousness 	<p>Do This</p> <ul style="list-style-type: none"> • Stay with student • Page nurse at ext 1918 or 742-3918 and state student's name, state allergic reaction • Remove stinger, if applicable, and clean area • Administer EpiPen as prescribed • Call 911 immediately • Call Parent • Tell EMS that EpiPen was given • Give Benadryl per MD orders if prescribed
<p>Directions for use of EpiPen</p> <ul style="list-style-type: none"> • Pull off gray cap • Place orange tip against outer, upper thigh • Depress orange plunger until it clicks • Hold in place for 10 seconds, then remove • Do not return EpiPen to holder after use, give to EMS personnel or discard in sharps container 	
<p>Parent Name: _____</p> <p>Phone: _____ Phone: _____</p> <p>Emergency contact name: _____ Phone: _____</p> <p>Parent Signature: _____ Date _____</p> <p>Physician Signature /date: _____</p> <p>Clinic: _____</p>	<p>Contact: 911</p> <p>School nurse: _____</p> <p>Extension/phone: _____</p>
<p>PARENT IS RESPONSIBLE TO PROVIDE ALL NEEDED MEDICATION!!</p>	

Please print, complete, and return to your child's school nurse: Phone: 218-749-5437

Fax: 218-741-8522 Virginia Campus

Fax: 218-744-4381 Eveleth/Gilbert Campus

PLC ___ Roosevelt ___ VHS ___

Nelle Shean ___ E/G HS ___ Franklin ___

