



PERIMETER SCHOOL
A Covenant Christian Community

Allergic Reaction and Anaphylaxis Individualized Healthcare Plan*

Name: _____ Effective Date: _____

Parent: _____ Doctor: _____

EpiPen: Yes ____ No ____ DOB: _____

Permission for Self-Treatment: Yes ____ No ____ Allergies: _____

Anaphylaxis is a rare, life-threatening allergy to certain substances such as foods, bee stings, chemicals, and medications. It occurs rapidly and can close off the breathing passages. If instant treatment does not occur, it can be fatal.

Wears a Medic Alert neck chain: Yes ____ No ____

Allergy Symptoms:

1. _____ has experienced anaphylaxis in the past (____ Yes ____ No).

Symptoms of anaphylaxis include:

- | | |
|-----------------------------------|--------------------------|
| Tingling sensation in the mouth | Feelings of apprehension |
| Swelling of the tongue and throat | Difficulty breathing |
| Hives | Itching |
| Diarrhea | Drop in blood pressure |
| Weakness or dizziness | Wheezing |
| Shallow respirations | Loss of consciousness |

2. _____ does have a severe allergy to _____ which can be life-threatening.

Please circle symptoms student experiences:

Mouth: itching and swelling of lips, tongue, or mouth

Throat: itching, tightness, hoarseness, hacking cough

Skin: hives, itchy rash, swelling about face, swelling of extremities

GI Tract: nausea, abdominal cramps, vomiting, diarrhea

Lungs: shortness of breath, repetitive coughing, wheezing

Heart: weak and thread pulse, passing out

Other: (please list) _____

3. If ingestion, exposure, or sting is suspected and the above severe allergy symptoms are noted:
 - a. Give _____ (medication/dose)
 - b. Give EpiPen injection as prescribed
 _____ immediately
 _____ if symptoms persist after above medication is administered.
 It is important to note that there is little downside to giving epinephrine if it is not needed.
 However, delaying treatment can result in tragedy.
 - c. Immediately call for emergency medical assistance (911) if EpiPen is administered.
 - d. Notify parents.

4. Administration of EpiPen:
 - a. Do not remove safety cap until ready to use.
 - b. Place black tip on thigh at right angle to leg.
 - c. Press hard into thigh until you hear the click.
 - d. Hold for 10 seconds against thigh.
 - e. Massage injection area for 10 seconds.
 - f. Discard injector.
 - g. Call 911 immediately. One person stays with student at all times.
 - h. Be prepared to initiate CPR if breathing stops.
 - i. Notify parents.

Desired Action:

1. Epinephrine is a hormone produced by all of us in the adrenal glands and is released in response to stress. An injection of epinephrine is a way to give a higher dose of something our bodies are already making.
2. Epinephrine has three major actions that are important in the treatment of anaphylaxis.
 - a. It constricts blood vessels and helps reduce the swelling caused by the allergic reactions.
 - b. It helps to open the breathing passages.
 - c. It helps prevent the blood pressure from falling.
3. Epinephrine is very safe, but can cause minor side effects, including rapid heartbeat, shakiness, headache, and restlessness.

Physician Signature

Parent Signature

***Please note the individualized health care plan filed in the non-medical clinic is available for implementation only during school hours.**

PERMISSION FOR SELF-ADMINISTRATION OF EPI-PEN

ON ANY OCCASION THAT STUDENTS MUST CARRY AN EPI-PEN AT SCHOOL, THIS FORM MUST BE COMPLETED AND SIGNED IN ADVANCE BY THE STUDENT'S PARENT OR GUARDIAN, STUDENT, **AND THE PHYSICIAN**. THE FORM MUST BE ON FILE IN THE SCHOOL OFFICE AND THE EPI-PEN MUST BE FURNISHED BY THE PARENT/GUARDIAN.

REQUEST TO SELF-ADMINISTER AND/OR CARRY EPI-PEN AT SCHOOL

STUDENT'S NAME _____

MEDICATION _____

REASON FOR MEDICATION _____

DOSE _____

TIME(S) TO BE GIVEN _____

DATES TO BE GIVEN _____

I HEREBY REQUEST THAT _____ BE ALLOWED TO CARRY AND SELFADMINISTER HIS/HER EPI-PEN AS PRESCRIBED BY OUR MEDICAL DOCTOR. (PLEASE REQUEST THAT THE PHARAMCIST PLACE AN APPROPRIATE LABEL ON THE EPI-PEN SO THAT IT IS EASILY IDENTIFIED.)

I RELEASE PERIMETER SCHOOL AND ITS EMPLOYEES OF ANY LEGAL RESPONSIBILITY WHEN THE ABOVE NAMED STUDENT ADMINISTERS HIS/HER OWN EPIPEN OR MISPLACES THE EPIPEN. I AUTHORIZE THE PERSONNEL OF PERIMETER SCHOOL TO ASSIST MY CHILD IN ADMINISTERING THE EMERGENCY EPIPEN. I HEREBY RELEASE AND WAIVE, AND FURTHER AGREE TO INDEMNIFY, HOLD HARMLESS OR REIMBURSE THE PERIMETER SCHOOL INC., THE INDIVIDUAL MEMBERS, AGENTS,EMPLOYEES AND REPRESENTATIVES THEREOF, FROM AND AGAINST ANY CLAIM, WHICH I,ANY OTHER PARENT OR GUARDIAN, ANY SIBLING, THE STUDENT, OR ANY OTHER PERSON, FIRM OR CORPORATION MAY HAVE OR CLAIM TO HAVE, KNOWN OR UNKNOWN, DIRECTLY OR INDIRECTLY, FOR ANY LOSSES, DAMAGES OR INJURIES ARISING OUT OF, DURING OR IN CONNECTION WITH THE ADMINISTRATION/SUPERVISION/ASSISSTANCE OR THE STUDENTS SELF-ADMINISTRATION OF THE EMERGENCY EPIPEN.

I REALIZE THE PRIVILEGE OF SELF-ADMINISTRATION MAY BE REVOKED AT ANY TIME IF MY STUDENT IS NOT HANDLING THE MEDICATION SAFELY.

_____/_____/_____
Signature of parent/guardian date

STUDENTS RESPONSIBILITY:
1. AT ALL TIMES I WILL KEEP THE EPI-PEN IN MY POSSESSION.
2. I WILL USE THE EPI-PEN ONLY AS PRESCRIBED BY MY DOCTOR.
3. I WILL NOT SHARE THIS EPI-PEN WITH OTHERS.
I REALIZE I CAN LOSE THIS PRIVILEGE IF I MISHANDLE MY EPI-PEN.

_____/_____/_____
Student's signature date

_____/_____/_____
Physician's signature date

Anaphylactic Reaction Emergency Steps

Observe for symptoms:

- * Apprehension and flushing
- * Sneezing, coughing, wheezing, or shortness of breath
- * Itching, burning, or rash
- * Pallor or bluish color

Essential Steps:

- * Determine that the student has symptoms. When in doubt, treat for the reaction.
- * Give appropriate amount of medication as ordered by the health care provider.
- * Directions for use of the EpiPen:
 1. PULL OFF THE GRAY SAFETY CAP.
 2. PLACE BLACK TIP ON OUTER THIGH.
 3. PUSH EPIPEN AUTO-INJECTOR AGAINST THIGH UNTIL UNIT ACTIVATES. HOLD IN PLACE SEVERAL SECONDS. MASSAGE INJECTION SITE.
 4. DISCARD UNIT.
 5. CALL 911 AND NOTIFY PARENTS.