

Pittsford Central School District

EMERGENCY CARE PLAN: ALLERGY/ANAPHYLAXIS

To be completed by Parent

Student: _____ Grade: _____ Teacher/HR: _____ Birth Date: _____

Asthmatic: yes* no *increased risk for severe reaction Insurance: _____

Mother's Name: _____ Home#: _____ Work#: _____ Cell#: _____

Father's Name: _____ Home#: _____ Work#: _____ Cell#: _____

Emergency contact: _____ Relationship: _____ Phone: _____

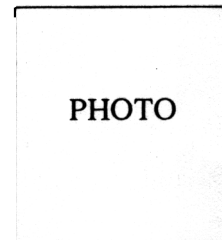
I give permission to share this plan with physician and school staff. I agree with the physician's orders as outlined below.

Parent Signature: _____ Date: _____

SYMPTOMS AND SIGNS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL OF THESE:

(highlighted indicates previous response by the student)

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



The severity of the symptoms can quickly change. It is important that treatment is given immediately.

To be completed by Physician

Allergens (Please List) _____

ACTION:

For suspected exposure/ingestion, IMMEDIATELY administer:

Benadryl (_____) Epi Pen Junior Epi Pen Other _____
dose in mg (please print)

If the following symptom(s) develop: _____ IMMEDIATELY administer:

Benadryl (_____) Epi Pen Junior Epi Pen Other _____
dose in mg (please print)

I give permission for this student to **self-carry** and **self-administer** the above medication(s). YES NO

If so, s/he has been instructed in and understands the purpose and appropriate method and frequency of administration of the above medication(s).

Doctor Name (Please Print): _____ Phone: _____ Fax: _____

Doctor Signature: _____ Date: _____

Information for Staff:

If symptoms or suspected exposure occur, follow plan, then contact school nurse at _____ and parent. For bee stings, remove stinger if visible and apply ice to the area.

If Epi-Pen/Epi-Pen Jr. is administered, call 911. It provides a 20 minute response window. The student may experience an increased heart rate. This is normal. A staff member should accompany student to ER if the parent/emergency contact cannot be reached.

This plan is in effect for the current school year.

Please return to _____ Phone # _____ Fax # _____