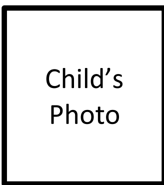
ALLERGY AND ANAPHYLAXIS EMERGENCY PLAN



Name of Student:		**Date of Birth:**	**Weight:** lbs/kg
Date of Plan:	**Age:**	**School of Attendance:**	**Grade:**
Allergies:			

Child has asthma: ❑ yes ❑ no (if yes, higher chance of a severe reaction)
Child has had anaphylaxis: ❑ yes ❑ no (if yes, higher chance of a severe reaction)
Child may carry medicine: ❑ yes ❑ no
Child may give him/herself medicine: ❑ yes ❑ no (if child unable, an adult must give medicine)

❑ The **"Always-Epinephrine" Option**: If checked, give epinephrine immediately, if the child has **ANY** symptom (mild or severe) after a sting or eating a food listed above. (Option advised for those schools where a nurse is not always available)

** **IF IN DOUBT, GIVE EPINEPHRINE!** ANAPHYLAXIS is a potentially life-threatening, severe allergic reaction

For SEVERE Allergy or Anaphylaxis **What to look for:** If child has ANY of these symptoms after eating a food or having a sting, **give epinephrine** ✱ Breathing: trouble breathing, wheeze, cough ✱ Throat: tight or hoarse throat, trouble swallowing or speaking ✱ Brain: confusion, agitation, dizziness, fainting, unresponsive ✱ Gut: severe stomach pain, vomiting, diarrhea ✱ Mouth: swelling of lips or tongue that affects breathing ✱ Skin: face color is pale or blue, many hives or redness over body	Give EPHINEPHRINE! What to do: 1. **Inject epinephrine right away!** Note the time. 2. **Call 9-1-1** ▪ Ask for ambulance with epinephrine ▪ Tell rescue squad when epinephrine was given 3. Stay with child and: ▪ Call parents ▪ **Give a second dose of epinephrine** if symptoms worsen or do not get better in 5 minutes. ▪ Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on their side 4. Give other medicine (e.g. antihistamine, inhaler) if prescribed. Do not use other medicine in place of epinephrine

For MILD Allergic Reaction. What to look for: If child has mild symptoms, or no symptoms but a sting or ingestion of the food is suspected, Give antihistamine and monitor the child. Mild symptoms may include: ✱ Skin: a few hives, mild rash, mild swelling OR ✱ Mouth/nose/eyes: itching, rubbing, sneezing OR ✱ Gut: mild stomach pain, nausea or discomfort Note: if the child has more than one mild symptom area affected, give epinephrine	**Give Antihistamine and Monitor the Child** **What to do:** 1. Give antihistamine if prescribed 2. **If in doubt, give epinephrine** 3. Call parents 4. Watch child closely for 4 hours 5. **If symptoms worsen, give epinephrine** (See "For SEVERE Allergy and Anaphylaxis)

Medicine/Doses
Epinephrine (intramuscular in thigh): ❑ 0.15 mg ❑ 0.30 mg
Antihistamine (by mouth): ❑ Diphenhydramine _____ mg (____ml) ❑ Other ___________: _____mg (____ml)
Other medications: ❑ Albuterol 2-4 puffs ❑ other: ______________________________

PROVIDER (electronic) Signature **Date** **Name (Printed)** **Phone** **FAX**

Allergy and Anaphylaxis Emergency Plan

Plan de emergencia para alergia y anafilaxia

Child's Name: ____ Date of Plan: _________________
El nombre del niño *Feche del plan*

Doctor name (print): ________________________ Office Phone: (____) ________ - ___________
El nombre del doctor (imprimir) *telefono de officina*

Office Address: _____________________________ Office Fax: (_____) ________ - ___________
dirección de la oficina *oficina fax*

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Emergency Contacts *(contactos de emergencia)*:

Name/Relationship: __________________________________ Phone: (_____) ________ - ___________
Nombre/relacíon *telefono*

Name/Relationship: __________________________________ Phone: (_____) ________ - ___________
Nombre/relacíon *telefono*

CALIFORNIA ADMINISTRATIVE CODE, TITLE 5 SECTION 3051.12, provides that when a parent elects to perform or have non-district personnel perform a Specialized Physical Health Care Service in a school program, a waiver shall be signed by the parent relieving the school district from any and all responsibility related to delivery of such specialized service when non-district personnel provide this service. This waiver also applies to students who have been given responsibility to perform such services. This may include self-medication as prescribed.

WE (I) as parent(s) of student named above hereby elect to have the above specified health services or medications, performed/administered by ourselves, by the student him/herself, or by non-district personnel on the school site during regular school hours. Furthermore, in electing to provide such service, we (I) agree to hold Carlsbad Unified Schools and its employees free from any and all responsibility for such service or the manner in which it is administered.

Signature of Parent or Legal Guardian	Date Signed

EL CÓDIGO ADMINISTRATIVO DE CALIFORNIA, SECCIÓN 5, ARTÍCULO 3051.12, indica que cuando el apdre/madre opta por realiazar o por que el personal que no pertenezca al distrito realice dentro de un programa escolar un Servico Especializado de Atención a Salud Física, el padre/madre debe firmar un formulario de exención para eximir al distrito escolar de cualquier responsabilidad relactionada a la ejecución de dicho servicio especializado cuado éste sea proporcionado por personal que no pertenece al distrito. Esta exención también aplica a los alumnus a quienes se les ha dado la responsabilidad de realizer tales servicios. Esto puede incluir auto suministro de medicinas como se les has recetado.

Nosotros (yo) como padre/madre del alumno/a arriba mencionado, por la presente elijo tener los servicios de salud arriba especificados o medicamentos, suministrados o aplicados por nosotros mismo, por el/la estudiante mismo/a o bien por un personal no perteneciente al distrito el la escuela durante el horario normal. Por consiguiente, al elegir el brindar tal servico, nosotros (yo) estoy de acuerdo de liberar a Carlsbad Unified y a sus empleados de cualquier y toda responsabilidad port al service o de la manera como sel le suministra

Firma del Padre/Madre o Tutor	Fecha de firmado

Additional Information/Instrucciones Adicionales: