

**Amherst County Public Schools
Severe Allergy Emergency Plan**

(New authorization is required at the beginning of each school year)

Student: _____ Date of Birth: _____ School: _____ Date: _____

Allergy to: _____

Asthmatic: Yes* No *Higher risk for severe reaction

If Exposure Occurs

- Student will be escorted to the Clinic only if no s/s of acute breathing problems (ex: shortness of breath, wheezing etc.). If s/s of breathing problems present Teacher will call for School Nurse or Student Health Assistant.
- If Nurse or SHA are not available Lay Responder will be called, they are: _____

Treatment (to be completed by MD)

Symptoms:

- If food allergen has been ingested 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, barking cough
- Lung †—Shortness of breath, repetitive coughing, wheezing
- Heart †—Thready pulse, low blood pressure, fainting, pale, blueness
- Other: _____
- If reaction is progressing (several of the above areas affected), give
The severity of symptoms can quickly change. †Potentially life threatening.

Give Checked Medicine:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

Dosage

Epinephrine: Inject intramuscularly (circle one): EpiPen® EpiPen® Jr Twinjet™ 0.3mg Twinjet™ 0.15mg
(see reverse side for instructions)

Student may carry medication with them at all times: Yes No, medication to be kept in clinic

Antihistamine: give _____
Medication/dose/route

Other: give _____
Medication/dose/route

Prescriber signature: _____ Date: _____ Phone #: _____

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

- Parent/Guardian will be notified if student has any exposure to allergen.
 - If Epinephrine is administered 911 will be called by Nurse, SHA, Lay responder or other available school staff.
 - Student will be transported to Lynchburg General Hospital by the local Life Saving Crew.
 - If parent is not available to ride with student to Lynchburg General Hospital then a designated school staff person will accompany student until Parent/Guardian arrives.
- Additional information or plan:

I, _____, the parent or guardian of _____ hereby request that the school nurse or member of the staff at _____ School administer certain medications and treatment to my son/daughter. I understand that the person at the school who will administer this medication or treatment may be inexperienced and untrained in this requested service and state, without reservation, that I shall not hold him/her or the Amherst County School Board liable in any way for any harm or injury that may be experienced by my child as a result of this service. I authorize a representative of the school to share information regarding prescribed medication with the licensed prescriber.

Parent/Guardian Signature: _____ Date: _____ Phone #: H _____

Emergency Contact: _____ C _____
Phone #: _____ W _____

School Nurse Signature: _____ Date: _____