WEIMAR INDENDENT SCHOOL DISTRICT
SEVERE OR SERIOUS ALLERGY PLAN

Student's name _____
D.O.B. _____ Grade _____
Allergies currently being treated by:
Dr. _____
Phone: _____
Is your child asthmatic Yes _____ No _____

Check any like-threatening allergy your child has:

	Insect stings (list type)
	Food (list type)
	Animals (list type)
	Other (list)

Check the signs that are usually present during an allergy attack:

	Difficulty breathing, repetitive coughing, wheezing		Itchy rash, hives
	Difficulty swallowing, sense of itching tightness or in throat, hoarseness		Nausea, vomiting, diarrhea, abdominal cramps
	Loss of consciousness		Flush/unusually pale skin
	Swelling: How much? Where?		Other

Action for minor reaction:
If the only symptom(s) are:
_____
Give _____
(medication/dose/route)
If condition does not improve within 10 minutes, continue with action for a major reaction.

Action for major reaction:
If ingestion is suspected and/or symptoms are _____
Give _____ immediately!
(medication/dose/route)

CALL 911 IMMEDIATELY
SEVERE OR SERIOUS ALLERGY

1. Mother(H) _____ (W) _____ (C)_____
2. Father (H) _____ (W) _____ (C)_____

3. Doctor _____ at _____

4. Other emergency contact _____
   Relationship _____ # _____
5. Other emergency contact _____
   Relationship _____ # _____

Has emergency medical treatment been needed in the last year for allergies? Yes _____ No _____

I give permission for the school nurse or his/her delegated personnel to administer the above medication at school or on school related events. Yes _____ No _____

I give _____ (student's name) permission to self-administer the above medication at school or on school related events, if the school nurse deems it is appropriate. Yes _____ No _____

STUDENTS ARE EXPECTED TO CARRY THEIR OWN EPI-PEN AT ALL TIMES.

Parent's Signature _____ Date _____

Doctor's Signature _____ Date _____

WEIMAR ISD
SEVERE OR SERIOUS ALLERGY PLAN

Emergency care in school:

Stay with student, call or have someone call for nurse immediately. Ask student if he/she uses an Epi-pen and if he/she has one with them. Send another person to get the Epi-pen if available. If nurse not present or available, call for someone trained in Epi-pen administration. Never send a student to the nurse alone if symptoms above are present.

Trained staff members

1. _____ room _____
2. _____ room _____
3. _____ room _____

Epi-Pen and Epi-Pen Jr. Directions

1. Pull off grey cap
2. Place black tip on upper outer thigh (always apply to thigh)
3. Using a quick motion, press hard into thigh until auto-injector mechanism functions. Hold in place and count to 10. The Epi-pen unit should then be removed and discharged. Massage the injection sit for 10 seconds.

For RN use only	Reviewed on
Nursing diagnosis:	Plan:
( ) stable history	No ongoing nursing management at school indicated
( ) potential for anaphylaxis	Standard procedure for severe allergic reaction
( ) other	Individualized health care plan
( ) high risk for ineffective breathing pattern	
( ) delegated or ( ) assigned caregiver	RN signature: Date: