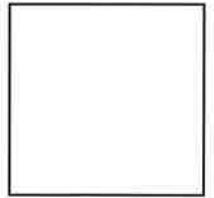


Tecumseh Local Schools
ALLERGY (FOOD/BEE STING/INSECTS/LATEX) ACTION PLAN



ALLERGY TO: _____

Students Name: _____ D.O.B. _____ Grade: _____

Asthmatic Yes ___ No ___ **High risk for severe reaction

SIGNS OF AN ALLERGIC REACTION

- 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 symptoms can quickly change. ** All above symptoms can potentially progress to a life-threatening situation.

ACTION FOR MINOR REACTION

If only symptom (s) are : _____, give _____

_____ medication/dose/route
And call _____ Phone _____ relationship _____
Or _____ Phone _____ relationship _____

If condition does not improve within ___ minutes, follow steps for Major Reaction below.

ACTION FOR MAJOR REACTION

If symptom (s) are: _____, give _____
_____ **IMMEDIATELY!**

_____ medication/dose/route

****AND CALL 911****

PLUS call _____ Phone _____ relationship _____
Or _____ Phone _____ relationship _____

DO NOT HESITATE TO CALL SQUAD

____ This student has been instructed in the proper way to use his/her EpiPen. It is my professional opinion that this student is responsible and should be allowed to carry and self-administer his/her EpiPen.

____ It is my professional opinion that this student **should not** carry his/her EpiPen at school. Their EpiPen will be kept in the health clinic and administered by designated trained personnel.

IT IS RECOMMENDED THAT A SECOND EPI-PEN BE RETAINED IN THE SCHOOL CLINIC AS A BACK UP, IN THE EVENT THAT THE STUDENT DOES NOT HAVE THEIRS AT THE TIME OF THE EMERGENCY.

Physician Signature _____ **Date:** _____

Parent/Guardian's Signature _____ **Date** _____

SEE BACK OF FORM

Instructions on use of an EpiPen

1. Remove gray cap
2. Place black tip on outer thigh
3. Jab firmly into outer thigh until auto-injector activates
4. Hold in place for several seconds
5. Remove injector and massage injection area for 10 seconds
6. Check black tip: If needle is exposed, you received the medication, if not repeat #3-5
7. **CALL 911 AND GO IMMEDIATELY TO THE NEAREST HOSPITAL EMERGENCY ROOM.** You may need further medical treatment. Tell the physician that you have received an injection of epinephrine. Give your used EpiPen to the physician for inspection and proper disposal.

Storage of EpiPen

1. Epinephrine should not be refrigerated.
2. Epinephrine should not be exposed to extreme heat, such as in the glove compartment or trunk of a car during summer months.
3. Do not expose the EpiPen to direct sunlight. Store EpiPen in dark place at room temperature.
4. Check contents of the EpiPen regularly through the viewing window to make sure the solution is clear and colorless.
5. Always replace your EpiPen with a fresh unit prior to the expiration date
6. Parents can get free reminder service from www.epipen.com

The following is to be completed by parent/guardian

What is your child allergic too: _____

How many times has your child been seen in the emergency room for this condition in the last year? _____

Please list symptoms your child has had during previous allergic reaction: _____

Other comments/instructions: _____

Outline a plan for field trips: _____

Outline a plan for when your child is riding the bus to and from school: _____

Will this student be carrying an Epi Pen* on the bus? _____