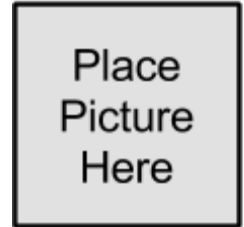


SHEBOYGAN AREA SCHOOL DISTRICT

School Year _____

STUDENT ALLERGY ACTION PLAN (Insect, Food or Latex Allergy)



Student Name _____ Date of Birth _____

School _____ Grade _____ Teacher/Homeroom _____

Parent/Guardian _____

Address _____

Phone (Home) _____ Phone (Cell) _____ Phone (Work) _____

Parent/Guardian _____

Address _____

Phone (Home) _____ Phone (Cell) _____ Phone (Work) _____

Emergency Contact _____ Relationship _____

Phone (Home) _____ Phone (Cell) _____ Phone (Work) _____

Physician _____ Phone _____

ALLERGY MANAGEMENT PLAN

Your child is allergic to: _____

If your child has a latex allergy, should latex sources be removed from his/her school environment?
Yes No Not applicable

Circle the symptoms your child has had during past allergic reaction(s):

- | | | | |
|----------------------|-----------|------------------------|----------------------|
| Hives | Itching | Tightness in Chest | Difficulty Breathing |
| Tongue Swelling | Dizziness | Drop in Blood Pressure | Unconsciousness |
| Swelling at the site | | Redness at the site | Other |

If a reaction occurs, how soon does the reaction occur and what first aid measures are school personnel to take? _____

Does your child have Asthma: Yes (higher risk for a severe reaction) No

Child's Weight: _____ lbs.

Does your child require medication(s) for the allergy? Yes No What? _____
***Medication Authorization Form needed

Does your child have an Epi Pen? Yes No








Does your child have an Epi Pen at School? Yes No Where? _____

If medication is required at school, a **Medication Authorization** form must be completed

***If your child requires a special diet or food substitution related to his/her allergy, you **must** contact
School Nutrition at (920)208-4587

Parent/Guardian Signature _____ Date _____




FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS

 LUNG Short of breath, wheezing, repetitive cough	 HEART Pale, blue, faint, weak pulse, dizzy	 THROAT Tight, hoarse, trouble breathing/ swallowing	 MOUTH Significant swelling of the tongue and/or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

↓ ↓ ↓

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.

MILD SYMPTOMS

 NOSE Itchy/runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea/ discomfort
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FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

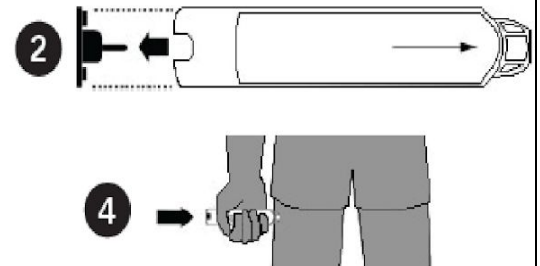
FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE!

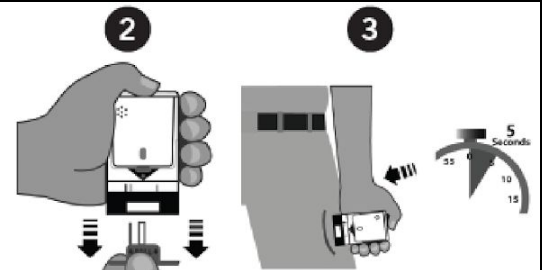
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



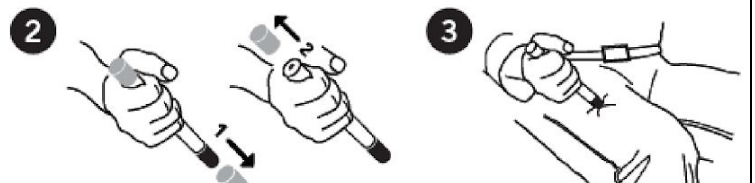
AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



This information may be shared with the classroom teacher(s), bus driver, and other appropriate school personnel with a need to know. www.foodallergy.org/document.doc?id=234