

STUDENT
PHOTO

ALLERGY EMERGENCY CARE PLAN

For School Use Only

Location of Medication: _____

San Francisco Unified School District
Student and Family Services Division
1515 Quintara Street
San Francisco, CA 94116-1273
Tel: 415.242.2615 | Fax: 415.242.2618








TO BE COMPLETED BY PARENT/CAREGIVER

<i>Student Name</i>	<i>DOB</i>	<i>School</i>	<i>Grade</i>	<i>Homeroom Teacher</i>	<i>Room</i>
<i>Parent/Caregiver Name</i>		<i>Home Phone</i>	<i>Cell Phone</i>	<i>Email</i>	

TO BE COMPLETED BY THE HEALTH CARE PROVIDER

<i>Type(s) of Allergy(ies)</i>	<i>Name of Health Care Provider</i>	<i>Phone</i>
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For ANY of the following SEVERE SYMPTOMS

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue 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 emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders 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.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return

MILD SYMPTOMS

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

FOR MILD SYMPTOMS FROM A SINGLE BODY SYSTEM (E.G. SKIN, GI, ETC.), 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.

I authorize school personnel to implement this Allergy Emergency Plan as described.

I have completed a current (within this school year) medication form FOR EACH medication to be given

<i>Health Care Provider Signature & NPI #</i>	<i>Date</i>
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I give my consent for school authorities to take appropriate action for the safety and welfare of my child. I give my consent to communicate with the authorized health care provider when necessary.

<i>Parent/Caregiver Signature</i>	<i>Date</i>
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Notify parent/guardian and document about what happened in the First Aid and Medication Logs.

***By law, a completed and signed current (within this school year) Medication Form must be on file at the school before medication can be administered at school.**

GRAPHICS ADAPTED FROM FOOD ALLERGY RESEARCH & EDUCATION (FARE)