

Emergency Action Plan
Macon County Schools
Health Services
Allergic Reaction - Food Allergy

Name: School: Year:
Date of Birth: Grade/Teacher:
Parent/Guardian: Phone:
Health Care Provider: Phone:

Symptoms: Sudden onset of shortness of breath, wheezing, swelling in throat, painful constriction of chest with difficult breathing, hives, red itchy blotches over skin, flushed **skin, rapid pulse, fear, feeling of itching** inside, restlessness, nausea, and possible unconsciousness. Any change in respirations should be treated as a life-threatening emergency.

INTERVENTION:

1. SEND CHILD TO SCHOOL NURSE (IF IN BUILDING) OR MAIN OFFICE IMMEDIATELY ACCOMPANIED BY AN ADULT.
2. Administer any ordered medication for allergic reaction as prescribed. (Benedryl if ordered)
3. Contact parents immediately for **pick up or further instructions**.
4. Keep child sitting up.
5. **STAY WITH CHILD CONTINUOUSLY.**
6. If no symptoms after 20 minutes child may return to class with parent permission.
7. Observe for signs of anaphylactic shock:
 - a. Increased swelling, hives
 - b. Redness all over
 - c. Loss of color around lips
 - d. Respiratory distress
 - e. Vomiting
 - f. Weak pulse
8. Monitor breathing and **begin rescue breathing as necessary.**
9. Call 911 and transport to hospital as necessary.
10. **Additional instructions:**

Parent / Guardian signature: _____ Date:

School Nurse: _____ Date:

Principal: _____ Date:

*This information will be shared with your child's teacher unless state otherwise.

School Food Allergy Record

Name: School: Year:
Date of Birth: Grade/Teacher:
Parent/Guardian: Phone:
Health Care Provider: Phone:

1. Food allergy to :

2. Briefly describe what happens during an allergic reaction.

3. Does your child require medication during a reaction? If so please list:

4. Has your child been to the doctor or to an emergency room due to an allergic reaction?

5. Does your child require medical care after a reaction?

6. What steps do you want school personnel to take if your child develops an allergic reaction?

7. Does your child use an Epi-pen or ANA kit?

8. In the event that you cannot be contacted please list an emergency phone number of persons familiar with your child's allergy.

Please note: If medications ANA kit/Epi-Pen are to be kept or taken at school, a medication authorization form must be completed by parent and physician and kept at the school. These are obtained from your teacher or school nurse. This form is completed every year.

PLEASE READ THE ATTACHED EMERGENCY MEDICAL PLAN FOR ALLERGIES, AND ADD ANY FURTHER INSTRUCTIONS THAT YOU WISH FOR YOUR CHILD.