

SENATOBIA MUNICIPAL SCHOOL DISTRICT



104 McKie Street
Senatobia, MS 38668

Jay Foster
Superintendent of Education

Allergy Action Plan

Student: _____ Date of Birth: _____ Teacher: _____

Allergy: _____

In the event of anaphylaxis, an allergic reaction that may be triggered by asthma, an insect bite, a drug allergy, or a food allergy, the Epi-Pen will be used for students. The following procedure should be followed by a school nurse or designated non-professional first-aid provider as approved by school policy. The signing physician may write in any changes deemed necessary.

ALLERGIC REACTIONS

PHYSICIAN ORDER Section

Please indicate, or write in, recommended actions.

MILD

- Rash
- Itching
- Hives

ACTIONS

- ___ Notify Parents
- ___ Give Benedryl according to dosage instructions
- ___ May remain at school if no additional symptoms

MODERATE

- Mild breathing difficulty
- Wheezing and /or coughing
- Swelling of tongue, face, lips, extremities
- Nausea or Vomiting

ACTIONS

- ___ Notify Parents
- ___ Give Benedryl according to dosage instructions
- ___ Locate and have EpiPen ready in case injection is needed
- ___ Monitor until parents arrive
- ___ Send home from school

SEVERE - Anaphylactic Shock

- Severe breathing difficulty
- Swelling or tightness in throat that effects breathing
- Feeling faint, looking pale
- Loss of consciousness

ACTIONS

- ___ **CALL 911** and Notify Parents
- ___ Administer EpiPen

Use the Epi-Pen that has been prescribed for this child:

Directions for using Epi-Pen Auto Injector:

1. Check for color—Don't inject if fluid is brown. Pull off safety cap. Assist the child to place tip on thigh at right angle to leg. Press hard into thigh. Hold in place for 10 seconds. Remove and massage area for 10 seconds.

Physician Signature

Date