Rev: 5/26/11 dm

Anchor Bay School District
Allergy Medical Care Plan

Place Child's Picture Here

Student Name_____ Date _____
Grade_____Teacher_____

Emergency Contact information (**Please list in order to be called**)
#1 Parent _____
Home Phone _____ Cell Phone _____
Work Phone_____

#2 Parent _____
Home Phone _____ Cell Phone _____
Work Phone _____

Alternate contacts if parents are unavailable. This should be someone familiar with your child's food allergy and would be able to advise school staff how to proceed with your child's care in the event that both parents are unavailable during the school day.
#3 Contact - Name _____
Relationship _____
Home Phone _____ Cell Phone _____

#4 Contact – Name_____
Relationship _____
Phone _____ Cell Phone _____

PARENTS PLEASE NOTE:

- Please check all expiration dates on all medications and medical supplies.
- **No expired medications or supplies will be used at school**.
- Any time Epinephrine (EpiPen) is administered, the school will call 911 and then the Emergency contacts in the order listed above until someone is contacted.
- Please be sure to sign the Parent Signature areas of the Medical Care Plan and the Medication Administration forms.

Please have your child's Physician complete this Medical Care Plan and the Medication Administration Request. Please return to your child's school office ASAP.

If you have any questions about the Medical Care Plan or Medication Administration Forms, please contact your school office.

Is this student an Asthmatic? Yes or NO (Please circle one)

*Higher risk for severe reaction

What is the student allergic to: _____

Allergy is (Please check below)

- ☐ Contact
- ☐ Airborne
- ☐ Consumption

Classroom and School restrictions

- ☐ NONE
- ☐ Peanut Free Classroom
- ☐ Peanut Free Lunch Table

☐ Do the following _____

Follow treatment requirements below determined by Physician authorizing treatment.

Symptoms:	**Give Checked Medication**:** ** (To be determined by physician authorizing treatment)
• If a food allergen has been ingested, but *no symptoms:*	☐ Epinephrine ☐ Antihistamine
• **Mouth** - Itching, tingling, or swelling of lips, tongue, mouth	☐ Epinephrine ☐ Antihistamine
• **Skin** – Hives, itchy rash, swelling of the face or extremities	☐ Epinephrine ☐ Antihistamine
• **Gut** – Nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine ☐ Antihistamine
• **Throat†** Tightening of throat, hoarseness, hacking cough	☐ Epinephrine ☐ Antihistamine
• **Lung†** Shortness of breath, repetitive coughing, wheezing	☐ Epinephrine ☐ Antihistamine
• **Heart†** Weak or thready pulse, low blood pressure, fainting, pale, blueness	☐ Epinephrine ☐ Antihistamine
• **Other†** _____	☐ Epinephrine ☐ Antihistamine
• If reaction is progressing (several of the above areas affected), give:	☐ Epinephrine ☐ Antihistamine

† Potentially life-threatening. The severity of symptoms can quickly change.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen®Jr. Twinject® 0.3 mg Twinject® 0.15 mg
(see next page for instructions)

Antihistamine: give_____
Medication/dose/route

Other: give_____
Medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

EMERGENCY CALLS

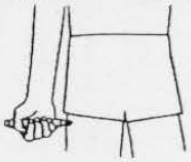
√ **CALL 911** – State that an allergic reaction has been treated, and additional Epinephrine may be needed.

√ **Call Emergency Contacts in the order listed until you reach someone.** Even if Emergency contacts cannot be reached, do not hesitate to medicate or send the Child to a medical facility.

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.

- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions

- Remove caps labeled "1" and "2."
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

SECOND DOSE ADMINISTRATION:
If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.

For Epipen use

☐ I have instructed _____ in the proper way to use his/her medication. It is my professional opinion that _____ should be allowed to carry and use this medication by him/herself.

☐ It is my professional opinion that _____ should not carry his/her Epipen by him/herself.

Signature of Physician _____ Date _____

Printed name of Physician _____
Address _____
City and Zip _____
Phone number _____

Signature of Parent (s)

_____ Date _____
_____ Date _____