



JOHNSON CREEK SCHOOL DISTRICT

SEVERE ALLERGY ACTION PLAN

Child's Name:(Last)_____ (First)_____ (MI)_____

Birthdate:_____ Grade:_____ Address:_____

Parent/GuardianName:_____ Contact Number:_____

Emergency
Contact/Relationship:_____

Contact Numbers:_____

Primary Care Physician:_____ Contact Number:_____

Date of last reaction:_____

The above student is at risk for severe allergic reaction to:

Bee/wasp/insect
sting(specify):_____

Food: (specify):_____

Medication (specify):_____

Other (specify):_____

Symptoms observed when exposed:_____

Physician: Please check option A , B, or C for school staff to follow:

Type of EpiPen ordered: _____ Epi-pen (0.3 mg epinephrine) or _____ Epi-Pen Jr. (0.15 mg epinephrine)

___ A. Give Epi-pen immediately upon exposure to the above listed allergen.

___ B. After exposure, give Epi-pen should any of the following symptoms occur:

- difficulty breathing or wheezing
- change in voice quality (hoarseness, high pitch, coughing)
- swelling of the lips, tongue, or throat
- raised rash (hives) which may progress to areas away from the site of a sting (if caused by bee/wasp sting)

___ C. Give the following medication (i.e. Benadryl) for the following mild symptoms:

Medication_____ Dose_____

For the mild symptoms of: _____

Then administer Epi-Pen should any of the following severe symptoms occur:

When giving Epi-Pen, immediately do the following in this order:

1. Give an injection of Epi-Pen-into the muscle found over the outer-front aspect of the thigh halfway between the knee and the hip (EpiPen is designed to inject through clothing). **DO NOT** inject into the buttock.
2. Call the Rescue Squad (911) to transport-copy the emergency card to send along-mark on copy: "Epi-Pen given at (time)" or "Epi-Pen Jr. given at (time)".
3. Treat student for shock until Rescue Squad arrives:
 - √ Elevate legs above level of the heart
 - √ Keep warm
 - √ Provide rescue breathing or CPR as needed
4. Notify parent
5. Notify the school district nurse.

NOTE: The 1983 Wisconsin Act 334 states that no school employee except a healthcare professional (this does not include health aides) may be required to administer a drug or prescription drug to a student by any means other than ingestion. The Epi-Pen administration will be done at school by a volunteer person following the above guidelines and authorized by the parent and physician with the following signatures:

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PHYSICIAN SIGNATURE: _____ DATE: _____

(or prescribing health care practitioner) _____