

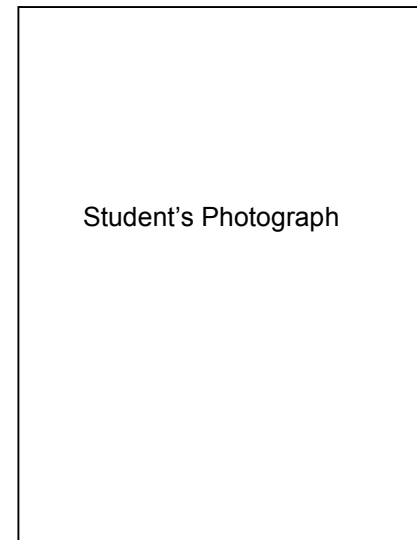
Allergy Alert Emergency Plan (Epi-pen® or Allerject Only)

Name of Student: _____ School Year: _____

Teacher/Home Form: _____ Grade: _____

Location of Epi-pens/Allerject: _____
(It is an expectation that students carry one Epi-pen® or Allerject with them at all times)

ALLERGY DESCRIPTION: This child has an **anaphylactic reaction**
(**life-threatening**) to (specify allergen):



POSSIBLE SYMPTOMS: An anaphylactic reaction can begin within seconds of exposure or after several hours. The following are possible symptoms to watch for:

- F**ace - itching, redness, swelling of face and tongue
- A**irway - Coughing, trouble breathing, swallowing or speaking
- S**tomach – stomach pain, vomiting, diarrhea
- T**otal Body – hives, rashes, swelling, weakness, paleness, sense of doom, dizziness, loss of consciousness

THINK F.A.S.T.

ACTION-EMERGENCY PLAN: If there is ANY suspicion that the student has been exposed to life-threatening allergens or is displaying any of the above symptoms:

- **Administer the Epi-Pen®/Allerject immediately and note the time**
 1. Pull off the safety cap from the Epi-pen (Allerject will verbally walk you through the procedure)
 2. Grasp the shaft of the pen – not the end of the device
 3. Press the tipped end of the auto-injector against the student's upper thigh applying moderate pressure and listen for a click which indicates the device has been activated
 4. Keep pressed against thigh and hold for a count of 10 (e.g. one-one thousand, two-one thousand, etc.). Remove the pen with caution as the needle is now exposed.
 5. Keep the child calm.
- **CALL 911- Notify the principal or designate to call 911 and advise the dispatcher that the child is HAVING AN ANAPHYLACTIC REACTION**
- **Stay with the student and monitor symptoms until the ambulance arrives**
- **If an ambulance has not arrived within 15-20 minutes and symptoms reappear or become worse, administer the second Epi-Pen®/Allerject**
- **Have the student, a familiar adult and appropriate documentation (Form A &B) ready to go.**
- **Call parents/guardians**
Home Phone #: _____
Other #: _____
Emergency Contact #: _____

I agree that the school may post my child's picture, take the emergency measures and share this information as necessary, with the staff of the school, bus drivers and health care providers.

Date: _____ **Parent's Signature:** _____