

Appendix B**Allergy Alert Emergency Plan (EpiPen® Only)**

School Year: _____

Name of Student:

Teacher/Home Form: _____

Grade: _____

Location of EpiPens :

This child has an **anaphylactic (life-threatening) allergy** to (specify allergen):

Student's Photograph

(It is an expectation that students carry one EpiPen® with them at all times)**POSSIBLE SYMPTOMS:** An anaphylactic reaction can begin within seconds or hours of exposure to allergens.

The following are possible symptoms to watch for:

- **Flushed face, hives, swelling or itchy lips, tongue, eyes**
- **Difficulty breathing or swallowing, wheezing, coughing, choking**
- **Vomiting, nausea, diarrhea, stomach pains**
- **Dizziness, unsteadiness, sudden fatigue, rapid heartbeat**
- **Tightness in throat, mouth, chest**
- **Loss of consciousness**

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 EpiPen® immediately and note the time****1. Hold firmly with orange tip pointing downward****2. Remove blue safety release****3. Swing and push orange tip firmly into mid-outer thigh until you hear a “click”****4. Hold on thigh for several seconds****5. When the EpiPen Auto Injector is removed, the orange cover automatically extends to cover the needle****6. 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 EpiPen®**⌚ **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 emergency measures and share this information as necessary, with the staff of the school and health care providers.

Date: _____ Parent's Signature: _____

This personal information is being collected, used and disclosed to school staff and volunteers in accordance with the *Personal Health Information Protection Act, Municipal Freedom of Information and Protection of Privacy Act, Education Act and Sabrina's Law, 2005*, for the purpose of addressing the student's allergy.