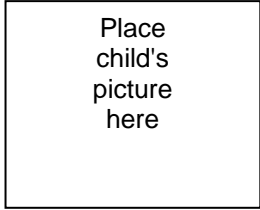


Woodridge Local School District



ALLERGY ACTION PLAN

School Year: _____

Student's Name: _____ Date of birth: _____ Grade/Class: _____

Address: _____ Phone Number: _____

ALLERGY:

_____ Latex
 _____ Foods (list): _____
 _____ Medications (list): _____
 _____ Stinging Insects (list): _____

Asthmatic: YES* NO *High risk for severe reaction

Signs of an allergic reaction:

The severity of symptoms can quickly change. All of the below symptoms can potentially progress to a life-threatening situation.

Systems:	Symptoms:
Mouth	Itching & swelling lips, tongue, or mouth
Throat	Itching and/or sense of tightness in the throat, hoarseness, and hacking cough
Skin	Hives, itchy rash, and/or swelling about the face or extremities
Gut	Nausea, abdominal cramps, vomiting, and/or diarrhea
Lung	Shortness of breath, repetitive coughing, and/or wheezing
Heart	Thready pulse, passing out

Action for Major Reaction

If symptom(s) are: _____
 give _____ **IMMEDIATELY !**

**Then CALL:
 911-Activate EMS**

_____ at _____
 Parent/Guardian/Emergency Contact Phone Number

_____ at _____
 Physician Phone Number

Action for Minor Reaction

If only symptom(s) are: _____
 give _____
 Medication/Dose/Route

Then call:

_____ at _____
 Parent/Guardian/Emergency Contact Phone Number

_____ at _____
 Physician Phone Number

If condition does not improve within 10 minutes, follow steps for Major Reaction above.

PLEASE SEE BACK OF FORM FOR REQUIRED PHYSICIAN SIGNATURE

Student's Name: _____ Date of birth: _____ Grade/Class: _____

Parent Signature _____ Date _____

Physician Signature _____ Date _____

PHYSICIAN: Please initial here _____ if STUDENT has been instructed on how to use Epi-pen/Auvi-Q and is able to self-administer; thus enabling the student to carry the Epi-pen/Auvi-Q on his/her person while at school. If the student is able to self carry it is required **by law** for an additional Epi-pen/Auvi-Q to be kept in the school clinic.

PARENT/GUARDIAN AND STUDENT: Please initial here _____/_____ to indicate that you have been instructed and if student self-administers Epi-pen/Auvi-Q will notify an adult school staff member to activate EMS. By initialing, you are acknowledging that **by law, an additional Epi-pen/Auvi-Q must be brought into the school and kept in the clinic (R.C. 3313.718).**

Emergency Contacts:

- 1. _____
Name Relationship Phone
- 2. _____
Name Relationship Phone
- 3. _____
Name Relationship Phone

Trained Staff Members

- 1. _____
Name Room
- 2. _____
Name Room
- 3. _____
Name Room

EPI-PEN INSTRUCTION

Any time you are getting ready to use an Epi-pen on student, 911 must be called!

- 1. Form a fist around the auto-injector with the orange tip facing down. Do not put your thumb or finger over the orange tip. The orange tip is the end the needle comes out of.
- 2. Pull off blue activation cap. Failure to pull this off will cause the pen not to activate.
- 3. Have student sit down if able to.
- 4. Hold orange tip near outer thigh. This is the area that the medication will be given in.
- 5. Firmly jab into outer thigh through clothing (stay away from seams of jeans) until the auto-injector mechanism works (will hear a click noise)
- 6. **Hold in place and count to 10.** This enables the medication to get into the student.
- 7. Remove the EpiPen or EpiPen Jr. The orange tip will extend covering the needle.
- 8. Massage the injection area and count to 10.
- 9. Keep the child warm and calm. Stay with child at all times.
- 10. Note time of injection.
- 11. Send the used EpiPen or EpiPen Jr. to the Emergency Department with the child.

Auvi Q

- 1. Pull out of case and follow directions that are verbalized to you.