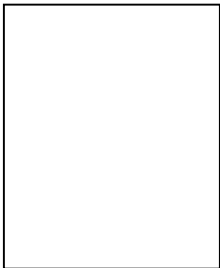


NEEDHAM PUBLIC SCHOOLS – SCHOOL HEALTH SERVICES
EMERGENCY HEALTH CARE PLAN
 (Allergy Action Plan)



Student's Name: _____

ALLERGY TO: _____

Date of Birth: _____ Teacher/Grade: _____

Asthmatic: Yes* No *High risk for severe reaction

----- **SIGNS OF AN ALLERGIC REACTION** -----

SYSTEMS	SYMPTOMS (the severity of symptoms can quickly change)
• Mouth	Itching and swelling of the lips, tongue or mouth
• Throat*	Itching and/or a 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"

*All above symptoms can potentially progress to a life-threatening situation.

1. **If ingestion is suspected and/or symptoms are:** _____

_____ give _____ **IMMEDIATELY!**
medication/dose/route

Doctor's Signature: _____ **Date** _____

2. **CALL** 9-1-1, notify EMS of allergic reaction and EpiPen administration (ask for advanced life support).

3. **CALL** Parent/Guardian: _____ or Emergency Contacts.

4. **CALL** Dr. _____ at _____

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL 9-1-1
 EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED!**

 Parent's Signature Date

 School Nurse's Signature Date

EMERGENCY CONTACTS

TRAINED STAFF MEMBERS

1. _____

1. _____ Room _____

Relation: _____ Phone: _____

2. _____ Room _____

2. _____

Relation: _____ Phone: _____

3. _____ Room _____

3. _____

Relation: _____ Phone: _____

Directions for Giving Injection

1. Pull off gray activation cap
2. Hold black tip near outer thigh (always apply to thigh).
3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and taken with you to the Emergency Room. Massage the injection area for 10 seconds.

