Buckeye valley Local School District
Allergy Action Plan

Student Name_____ Date of Birth_____School Year:_____
Teacher_____Grade level____ School Building_____

Does the student have a diagnosis of Asthma (higher risk of severe reaction) Yes _____ No_____
Allergan:_____

Step 1: Prevention Strategies

Parent to review each item and check all those that apply

___Staff Training about Allergies/ Epinephrine use
___Allergy Awareness Letter sent at start of the year
___Student acquaintance with Nurse's Office
___ Parent to provide safe snacks
___Post food allergy alert sign outside classroom door
___Hand washing before and/or after eating
___Field Trips: Send medication/copy of Food Allergy Plan
___Specials Teachers and Transportation Notified
____ Allergen-free lunch table
____Classroom Discussion about allergies
____Encourage NO food sharing in classroom/cafeteria
____No food allergens in classroom
____ Clean student desk after food events
____Use of Medical Alert Bracelet (yes/no)

Additional Strategies: _____

Step 2: Treatment

SYMPTOMS	GIVE CIRCLED MEDICATION	
● If a food allergen has been ingested, but there are *no symptoms*	Epinephrine	Antihistamine
● MOUTH: itching, tingling or swelling of lips, tongue, mouth	Epinephrine	Antihistamine
● SKIN: Hives, itchy rash, swelling of the face or extremities	Epinephrine	Antihistamine
● GUT: Nausea, abdominal cramps, vomiting, diarrhea	Epinephrine	Antihistamine
● **THROAT***:Tightening of throat, hoarseness, hacking cough	Epinephrine	Antihistamine
● **Lung***: Shortness of breath, repetitive coughing, wheezing	Epinephrine	Antihistamine
● **HEART***:Thready pulse, low blood pressure, fainting, pale, blueness	Epinephrine	Antihistamine
● **OTHER***_____	Epinephrine	Antihistamine
● If reaction is progressing (several of the above areas affected) give	Epinephrine	Antihistamine

***Indicated a potentially life-threatening symptoms. The severity of the symptoms can change quickly**

MEDICATION AND DOSAGE

Epinephrine: Inject intramuscular (circle one): Epi-Pen© Epi-Pen©Jr Auvi-Q® 0.15 mg Auvi-Q® 0.30 mg
Other_____

NOTE: Once the epinephrine auto-injector is used, **CALL 911.** State that an allergic reaction has been treated and additional epinephrine may be needed.

Antihistamine: give:_____
Medication/Dose/Route

Other: give:_____
Medication/Dose/Route

(Continued on back)

Step 3 Emergency Calls

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1.Doctor_____ Phone_____

2. Emergency Contacts:

	Name	Relationship	Phone Number(s)
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

❖Even if the parent/guardian can not be reached, DO NOT HESITATE to medicate as appropriate and/ or call 911❖

Doctor Signature:_____ Date:_____

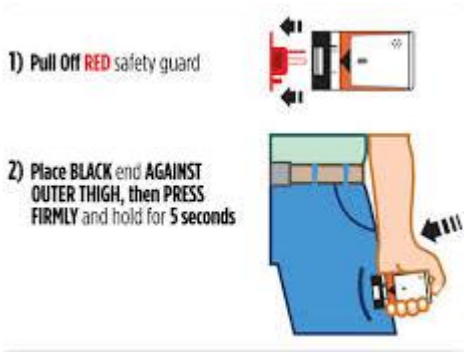
I authorize an employee designated by the school board to administer the above medication. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. I also authorize the licensed healthcare professional to talk with the prescriber or pharmacist to clarify medication orders. I release and agree to hold the Board of Education, its officials and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization. Medication form must be received by the principal, his/her designee and/or the school nurse. I understand that the medication must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate. This plan is effective for the above listed school year. It is the responsibility of Parent/Guardian to provide the school with a completed plan (signed by physician) at the start of each school year or as needed should any changes be made to the Allergy Action Plan.

Parent's Signature:_____ Date:_____
Required

DIRECTIONS

Auvi-Q

Epi-Pen©



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- Once Auvi-Q® or Epi-Pen© is used,
  CALL 911
  Take the used, safely repackaged autoinjector unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours