

Take to clinic, return to school at open house

Allergy Action Plan

Student's name: _____ Date of birth: _____ Grade: _____

Place
Student
Picture
Here

ALLERGIC TO: _____

Asthmatic Yes* ☐ No ☐ *Higher risk for severe reaction

Student may self-carry medication Yes ☐ No ☐

Student has knowledge and skills to self-administer medication Yes ☐ No ☐

If the student is stung by a bee, ate allergic food or has symptoms below:

Call LPN /health assistant at (952) 496-____, licensed school nurse @cell (612)240-3685, (612) 210-5519 or (612) 581-6319

• STEP 1: TREATMENT.

Symptoms:	Give Checked Medication** **(To be determined by physician authorizing treatment)	
• If food allergen eaten, or student stung by a bee, but <i>no symptoms</i> :	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• Mouth Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• Skin Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• Gut Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• *Throat Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• *Lung Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• *Heart Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• *Other	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• If reaction is progressing (several of the above affected), give	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

*Potentially life-threatening. The severity of symptoms can quickly change.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg

Antihistamine: _____
medication/dose/route

If symptoms worsen or return _____
medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis •

• STEP 2: EMERGENCY CALLS.

1. Call 911 (or rescue squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Doctor _____ Phone number: _____

3. Parent (see below) _____ Phone number(s) _____

4. Emergency contacts:
Name/Relationship _____ Phone number(s) _____

a. _____ 1.) _____ 2.) _____

b. _____ 1.) _____ 2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/guardian's signature _____ Date _____

Doctor's signature (required) _____ Date _____

**Shakopee Public Schools
Health Related Services**

Parent/Guardian Allergic Reaction Questionnaire

Please complete both sides of this form and return to the School Nurse _____ Phone# _____
The following information is helpful in determining any special needs and planning for the safety of your child at school.

Student's Name _____ Date of Birth _____ Grade _____ Rm _____ ID # _____

Person to contact: _____ Relationship: _____ Work Phone: _____ Home Phone: _____

Name of Health Care Provider _____ Clinic: _____ Phone # _____

Has your child been diagnosed with allergies/anaphylactic reaction by a health care provider? ☐ YES ☐ NO

Health Care Provider making diagnosis _____ when diagnosed? _____

Does your child have asthma? ☐ YES ☐ NO If yes, please list all current asthma medications in box on backside.

Please ✓ what usually triggers (starts) your child's allergy attack/episode:

☐ peanuts ☐ tree nuts ☐ insect stings (kind: _____)

☐ seafood ☐ eggs ☐ animal (list: _____)

☐ latex ☐ soy ☐ medications (list: _____)

☐ fish ☐ dairy products (list: _____)

☐ other: _____

How soon after contact does your child react? _____ minutes, _____ hours, _____ days

How often has your child been treated for an allergic reaction by a health care provider? _____

When was the last time that your child was treated for an allergic reaction? _____

What are the early-warning signs (physical and/or emotional changes) that indicate your child is starting to have an allergic reaction? _____

Does she/he recognize these signs/symptoms? ☐ YES ☐ NO

Skin Hives, itching, rash, flushing, swelling of face or extremities

Mouth Itching, swelling of lips, tongue, or mouth

Throat *Itching, sense of tightness in throat, hoarseness, hacking cough

Lung *Shortness of breath, repetitive coughing, wheezing

Heart * "Thready" pulse, "passing out"

Gut Nausea, abdominal cramps, vomiting, diarrhea

Other _____

Please circle or underline the symptoms of allergic reaction listed on the left that your child has experienced in the past.

*** Potentially life-threatening symptoms
All Symptoms can become life threatening**

TURN PAGE OVER →

Does your child know how to avoid causes of allergic reactions? ☐ YES ☐ NO

Please ✓ what your child does to prevent or avoid an allergic reaction:

- ☐ knows what to avoid (list: _____)
- ☐ tells other people about his/her allergies
- ☐ tells an adult **immediately** if exposed to an allergen (e.g. stung by a bee, ate a peanut, etc.)
- ☐ wears a medical alert bracelet or necklace
- ☐ asks about ingredients in food, if unsure about contents
- ☐ firmly refuses food that might contain a problem food
- ☐ avoids contact with animals in classroom
- ☐ other: _____

Please list all medications prescribed by a health care provider to treat your child's allergies and asthma:
(e.g. Benadryl, EpiPen, Flovent, Singulair, Albuterol)

MEDICATION NAME	BY (mouth or shot)	DOSE	TIMES PER DAY	WHEN IS IT TAKEN ?

If a medication is to be given at school, a **ALLERGY ACTION PLAN** must be completed yearly or if changes are needed. A prescribing health professional may authorize self-administration if the student is deemed capable. The medication must be in the original labeled container.

If your child has an EpiPen prescribed:

- Has she/he received training on how to self-administer? ☐ YES ☐ NO
- Has she/he ever self-administered? ☐ YES, when _____ ☐ NO
- An EpiPen may be given by staff that has been trained by the licensed school nurse in each student's Emergency Care Plan (ECP).

Please add anything else that you would like school personnel to know about your child's allergies.

Information provided by _____
Name Relationship Date

- I authorize release/sharing of information related to allergies between the school nurse and the health care provider to plan and coordinate care during school.
- This information will be shared with necessary school personnel in order to take care of your child at school.

Parent/Guardian signature _____ Date _____ Phone Number _____

VERIFICATION BY MEDICAL PROVIDER		
Medical Diagnosis _____		
Does the above student need accommodations in the school setting for Allergies _____ Yes _____ No		
Signature _____	Printed Name _____	Date _____

PROCEDURE FOR STUDENTS WITH SEVERE ALLERGIES

The purpose of this procedure is to provide a safe environment for students with severe allergies. Severe allergies can be life threatening. The risk of accidental exposure to allergens can be reduced in the school setting if schools work with students, parents, and physicians to minimize risks and provide a safe educational environment for students with severe allergies. Health needs of students take precedence over the wishes of others to bring allergen, including animals, foods and latex products, into the school environment.

Family's Responsibility

- Notify the school of the student's allergies. (**Annual Health Update form** and medical documentation)
- Provide written medical documentation, instructions and medications as directed by a physician, using the **Allergy Action Plan** and **Allergy Questionnaire**. The Allergy Action Plan and Allergy Questionnaire are available on the Shakopee Public Schools Web site. Parent/guardian may be asked to contact the physician for recommendations for accommodations during the school day.
- Work with the school team to develop a plan for reasonable accommodations for the student's needs during the school day including in the classroom, in the cafeteria, playground and field trips.
- Parent/guardian is encouraged to contact Shakopee Food Service to create an alert on the food service account. Parents are also encouraged to contact food service in their students building to discuss menu items or review the ingredients of food served at school.
- Parent/Guardian will coordinate a plan for before and after school activities and for transportation to and from school. Parents are encouraged to introduce themselves and their student to the bus driver and alert him/her to the student's allergy.
- Provide properly labeled medications and replace medications after use or upon expiration. One Epinephrine dose will be kept in the health office at a minimum.
- Provide safe alternative for snacks and birthday treats. Review the school lunch menu for possible unsafe foods.
- Parents are encouraged to educate their student in the self-management of their food allergy including:
 - Safe and unsafe foods
 - **Strategies for avoiding exposure to unsafe foods (bring their own safe snack to school, review school lunch menu for possible unsafe foods)**
 - Symptoms of allergic reactions
 - How and when to tell an adult they may be having an allergy-related problem
 - How to read food labels (age appropriate)
 - Self administration of Epinephrine (Epi-Pen) per parent and student readiness
 - Obtain a medical alert bracelet for the student to wear.

- Parents are encouraged to provide a current picture of their student to the health office.
- Parents are encouraged to review upcoming projects and field trips and communicate any concerns to the teacher.

Student Responsibility

- Should not trade food with others
- Should not eat anything with unknown ingredients or known to contain any allergen.
- Should be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.
- It is recommended that the student wear appropriate Medic-Alert bracelet, or similar
- It is recommended that the student share (or have the teacher or nurse share) information regarding his/her allergy with classmates.
- Student should minimize risk in the lunchroom by sitting at the allergen-free table if it is available.

School's Responsibility

Teaching Staff

- Communicate with parent/guardian to develop a plan when there may be exposure to an allergen (i.e. When food is part of an activity/lesson plan or at snack time). Students should not be excluded from school activities solely based on their food allergy.
- Teachers will communicate with parents/guardians of non-allergic students in the class regarding the potential life-threatening allergy with the goal of minimizing allergen-containing foods being brought in the snacks, holiday parties or birthday treats. Classroom signage prohibiting the specific allergen may be used as a communication tool to minimize the allergen in the classroom.
- Leave instructions in a sub folder for substitute teachers regarding care of allergic students. The teacher will also place a copy of the emergency care plan or allergy action plan for the allergic student in their sub folder.
- Teaching staff will encourage/give elementary students opportunity to wash hands with soap and water after eating.
- Allergic student's medication should be taken on all field trips. If parent/guardian is not accompanying student on the field trip, student should be supervised by a staff member who has received training by the nursing staff in the administration of the student's medication.

Health Staff

- Review allergic students health records submitted by parents and physicians
- Identify a core team of, but not limited to, school nurse, teacher, principal, school food service and director, and counselor (if available) to work with parents and the student

(age appropriate) to establish a prevention plan. Changes to the plan should be made with core team participation.

- Assure that medications are stored in the school's health office in an unlocked cabinet easily accessible to designated school personnel.
- Relevant information will be shared with classroom teacher, food service staff, health office and secretaries.
- School health staff will provide training of appropriate school staff regarding prevention of an allergic reaction and recognition of allergic symptoms. The licensed school nurse may delegate the administration of the injectable epinephrine to a teacher, principal, paraprofessional, secretary, or staff member as needed. Training is delegated to staff when there is not a nurse available to administer the epinephrine (i.e. When students are on a field trip)

School Food Staff/Lunchroom Personnel

- Publish mainline and alternate line menus on the school district website for access by families.
- An allergen free table, may be set up if the allergy is life threatening. An "allergen free" sign will be placed on the table. Historically, the need for an allergen free table has been indicated with elementary school students due to lower levels of maturity, autonomy, and capability to self-monitor their allergy.
- Lunchroom paraprofessionals will be instructed as to a student's particular allergy and will monitor the allergen free table to help maintain safety for student's with allergies. The allergen free table will be washed with water containing a detergent by staff or students who do not have allergies.
- Products containing allergens in the a la carte lines will be labeled as containing allergen i.e. "contains peanuts."