

ALLERGY/ANAPHYLAXIS CARE PLAN

Side 2: To Be Completed by Parent/Guardian, Student and School

Allergy/Anaphylaxis Action Plan (continued) Student Name _____

Parent/Guardian AUTHORIZATIONS

- I want this allergy plan implemented for my child; I want my child to carry an auto-injector and I agree to release the school district and school personnel from all claims of liability if my child suffers any adverse reactions from self-administration of an auto-injector.
- I want this plan implemented for my child and I do not want my child to self-administer epinephrine.
- Parent is responsible for auto injectors for before and after school activities. (there is no nurse available)

EMERGENCY CONTACTS

	Name	Home #	Work #	Cell #
Parent/Guardian				
Parent/Guardian				
Other:				
Other:				

I understand that submission of this form may require the nurse to contact and receive additional information from your health care provider regarding the allergic condition(s) and the prescribed medication.

Parent/Guardian Signature: _____ Phone: _____ Date: _____

Student Agreement:

- I have been trained in the use of my auto-injector and allergy medication and understand the signs and symptoms for which they are given;
- I agree to carry my auto-injector with me at all times;
- I will notify a responsible adult (teacher, nurse, coach, noon duty, etc.) IMMEDIATELY when my auto-injector (epinephrine) is used;
- I will not share my medication with other students or leave my auto-injector unattended;
- I will not use my allergy medications for any other use than what it is prescribed for.

Student Signature: _____ Date _____

Approved by Nurse/Principal Signature: _____ Date _____

PREVENTION: Avoidance of allergen is crucial to prevent anaphylaxis.

Critical components to prevent life threatening reactions: Indicates activity completed by school staff

<input type="checkbox"/>	Encourage the use of Medic-alert bracelets
<input type="checkbox"/>	Notify nurse, teacher(s), front office and kitchen staff of known allergies
<input type="checkbox"/>	Use non-latex gloves and eliminate powdered latex gloves in schools
<input type="checkbox"/>	Ask parents to provide non-latex personal supplies for latex allergic students
<input type="checkbox"/>	Post "Latex reduced environment" sign at entrance of building
<input type="checkbox"/>	Encourage a no-peanut zone in the school cafeteria
<input type="checkbox"/>	Other:

STAFF MEMBERS TRAINED

Name	Title	Location/Room #	Trained By(RN only)

Anchorage School District

Nursing & Health Services; Adapted from the Asthma & Allergy Foundation of America, Alaska Chapter

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Page 2 of 2