Gerald M. Parmenter School
Allergy Action Plan
Year _____

Photo of Student

Dear Parent/Guardian,

Your child has been noted to have a **Life Threatening** allergy that could require emergency treatment while at school. In order to insure the best possible treatment plan please have your child's physician complete the bottom of this Allergy Action Plan. If multiple **Life Threatening** allergies exist, please use one form for each allergy.

To Be Completed By Parent/Guardian

Date _____

Student _____ Grade _____ Teacher _____

Parent/Guardian _____ Phone # _____

Additional Emergency Contact _____ Phone # _____

Life Threatening Allergy to: _____

Age when first reaction occurred _____ Date of most recent reaction _____

Describe past reactions_____

To Be Completed By Physician- Medication/Treatment Plan

MD's Name _____ Phone # _____
(Please print)

(Child's Name) _____ has a **Life Threatening** allergy to

_____ that may require emergency medical treatment

during the 2010-2011 school year.

For S/S Anaphylaxis give: (circle one) EpiPen Jr. 0.15mg IM EpiPen 0.3mg IM

Additional Orders:

1. Antihistamine:_____
2. Other:_____
3. _____

_____MD Date _____
Signature

***Parent/Guardian, please complete back side of this form.**

To be Completed by Parent/Guardian:

I have read, reviewed and I am in agreement with the above plan formulated by my child's physician. I agree that it may be on file, and shared with the appropriate staff, as part of my child's School Health Record.

Peanut/nut free table required for lunch ____ Yes ____ No

_____ Date _____
Signature of parent/guardian

New plan updates may be submitted throughout the school year with medication and/or treatment plan changes.

Please note: Franklin Public School policy states that anyone requiring the use of an EpiPen will be transported by ambulance to the hospital. Emergency Medical Services are activated in the District by calling 911. In the case of an emergency, local EMS will transport to the nearest medical facility.

EpiPen® and EpiPen Jr.®

DIRECTIONS FOR USE

Follow these directions **only** when ready to use.
Never put thumb, fingers, or hand over black tip.
Do NOT remove gray activation cap until ready to use.

1) Familiarize yourself with the unit.
2) Grasp unit, with the black tip pointing downward.
3) Form a fist around the auto-injector (black tip down).
4) With your other hand, pull off the gray activation cap.
5) Hold black tip near outer thigh.
6) Swing and **jab firmly** into outer thigh so that auto-injector is perpendicular (at a 90˚angle) to the thigh.
7) Hold **firmly in thigh** for **10** seconds.
8) Remove unit, massage injection area for several seconds.
9) Give used EpiPen to Emergency Medical Personnel.

I have reviewed the above plan and have incorporated it in the student's School Health Record.

_____RN Date _____