

ILLINOIS FOOD ALLERGY EMERGENCY ACTION PLAN AND TREATMENT AUTHORIZATION

Child's
Photograph

NAME: _____ D.O.B: ____/____/____

TEACHER: _____ GRADE: _____

ALLERGY TO: _____

Asthma: Yes (higher risk for a severe reaction) No

Weight: _____ lbs

ANY SEVERE SYMPTOMS AFTER SUSPECTED INGESTION:

LUNG: Short of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing/swallowing
MOUTH: Obstructive swelling (tongue)
SKIN: Many hives over body

Or Combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling
GUT: Vomiting, crampy pain

INJECT EPINEPHRINE IMMEDIATELY

- Call 911
- Begin monitoring (see below)
- Additional medications:
- Antihistamine
- Inhaler (bronchodilator) if asthma

Inhalers/bronchodilators and antihistamines are not to be depended upon to treat a severe reaction (anaphylaxis) → Use Epinephrine.

When in doubt, use epinephrine. Symptoms can rapidly become more severe.

MILD SYMPTOMS ONLY

Mouth: Itchy mouth
Skin: A few hives around mouth/face, mild itch
Gut: Mild nausea/discomfort

GIVE ANTIHISTAMINE

- Stay with child, alert health care professionals and parent.
- IF SYMPTOMS PROGRESS (see above), INJECT EPINEPHRINE**

- If checked, give epinephrine for ANY symptoms if the allergen was likely eaten.
 If checked, give epinephrine before symptoms if the allergen was definitely eaten.

MEDICATIONS/DOSES

EPINEPHRINE (BRAND AND DOSE): _____

ANTIHISTAMINE (BRAND AND DOSE): _____

Other (e.g., inhaler-bronchodilator if asthma): _____

MONITORING: Stay with the child. Tell rescue squad epinephrine was given. A second dose of epinephrine can be given a few minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping child lying on back with legs raised. Treat child even if parents cannot be reached.

- Student may self-carry epinephrine Student may self-administer epinephrine

CONTACTS: Call 911 Rescue squad: (____) _____

Parent/Guardian: _____ Ph: (____) _____

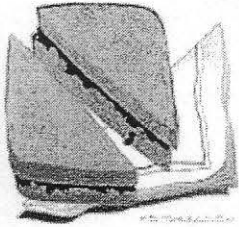
Name/Relationship: _____ Ph: (____) _____

Name/Relationship: _____ Ph: (____) _____

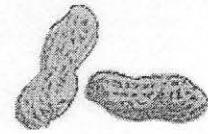
Licensed Healthcare Provider Signature: _____ (Required) Phone: _____ Date: _____

I hereby authorize the school district staff members to take whatever action in their judgment may be necessary in supplying emergency medical services consistent with this plan, including the administration of medication to my child. I understand that the Local Governmental and Governmental Employees Tort Immunity Act protects staff members from liability arising from actions consistent with this plan. I also hereby authorize the school district staff members to disclose my child's protected health information to chaperones and other non-employee volunteers at the school or at school events and field trips to the extent necessary for the protection, prevention of an allergic reaction, or emergency treatment of my child and for the implementation of this plan.

Parent/Guardian Signature: _____ Date: _____



**KIRBY SCHOOL DISTRICT 140
DEPARTMENT OF SPECIAL SERVICES**



**Managing Food Allergies in School
Parent Connection**

This information sheet is for parents of children who have food allergies. A Food allergy happens when the body reacts against harmless proteins found in foods. Some food related illnesses are called intolerance, or food sensitivity, rather than an allergy because the immune system is not causing the problem. An example is lactose intolerance; the person has trouble digesting milk sugar, called lactose, leading to stomach aches, bloating, and loose stools.

The American Academy of Pediatrics recommends a specific food allergy action plan be written for the child with food allergies. The school nurse will take a complete history of the food allergy; symptoms associated with previous reaction, medications prescribed, and assess if your child is prescribed Albuterol for respiratory symptoms. The action plan should be generated in conjunction with the parent, doctor and school nurse. Please complete the attached food allergy action plan together with your health care provider and return to the school nurse soon so accommodations can be made at school and during school activities. The law states children can self possess an EPI-pen but the reliability of the child must be taken into consideration.

Complete avoidance of the trigger or allergen is advised to avoid life threatening symptoms. When the body's immune system overreacts to certain foods, the following symptoms may occur:

Skin Problems	Breathing Problems
Hives	Sneezing
Itchy skin rashes	Wheezing
Swelling	Throat tightness
Stomach Symptoms	Circulation Symptoms
Nausea	Pale skin
Vomiting	Light headedness
Diarrhea	Loss of consciousness

Anaphylaxis is a serious allergic reaction. It comes on quickly and can be fatal. Epinephrine, commonly known as an EPI-pen, is often prescribed and must be injected if your child experiences a severe life threatening food allergy reaction. 9-1-1 will be called and the parent will be called. After an anaphylactic attack your child must be seen by the doctor so another reaction can be avoided.