

**School District of West De Pere  
Individual Food Allergy Management Plan**

**Student Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**LIFE THREATENING ALLERGY to:** \_\_\_\_\_

**Other Known Allergies:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**DESCRIPTION OF HEALTH CONCERN**

This student has severe food allergies and may develop anaphylaxis. Anaphylaxis is a severe, potentially life-threatening allergic reaction. During anaphylaxis, allergic symptoms can affect several areas of the body and may threaten breathing and blood circulation. At present, strict avoidance of problem foods is the only way to prevent anaphylaxis. Anaphylaxis often begins within minutes after a person eats a problem food. Less commonly, symptoms may begin hours later. Epinephrine is a medication that can reverse the severe symptoms of anaphylaxis. It is given as a “shot” and is available as a self-injector, also known as an epinephrine auto-injector, which can be stored in the school health office, classroom or carried by the student and used if needed. Epinephrine is a highly effective medication, but it must be administered promptly during anaphylaxis to be most effective. **Even if epinephrine is administered promptly and symptoms seem to subside completely, the student who was treated with epinephrine should always be taken to the emergency room via ambulance for further evaluation and treatment. Call 911 in the event of a life threatening anaphylaxis reaction.**

**DATE OF LAST ALLERGIC REACTION:** \_\_\_\_\_

**STUDENT HOSPITALIZED:**  Yes  No  other: \_\_\_\_\_

**PREVIOUS HISTORY OF EMERGENCY MEDICATION:**  Yes  No  type given: \_\_\_\_\_

**DATE OF LAST ALLERGY TESTING COMPLETED:** \_\_\_\_\_

**SPECIFIC SYMPTOMS THIS STUDENT HAS EXPERIENCED IN THE PAST INCLUDE:**

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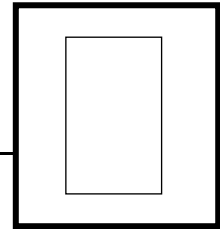
*\*Complete Allergy and Anaphylaxis Emergency Plan AAP and Classroom Accommodations with Healthcare Provider*

# Allergy and Anaphylaxis Emergency Plan



Child's name: \_\_\_\_\_ Date of plan: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_



Child has allergy to \_\_\_\_\_

- Child has asthma.  Yes  No (If yes, higher chance severe reaction)  
 Child has had anaphylaxis.  Yes  No  
 Child may carry medicine.  Yes  No  
 Child may give him/herself medicine.  Yes  No (If child refuses/is unable to self-treat, an adult must give medicine)

### IMPORTANT REMINDER

**Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.**

#### For Severe Allergy and Anaphylaxis

If child has ANY of these severe symptoms after eating the food or having a sting, **give epinephrine.**

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bothers breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation

**SPECIAL SITUATION:** If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine.**

#### Give epinephrine! What to do

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911.
  - Ask for ambulance with epinephrine.
  - Tell rescue squad when epinephrine was given.
3. Stay with child and:
  - Call parents and child's doctor.
  - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
    - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
  - Antihistamine
  - Inhaler/bronchodilator

#### For Mild Allergic Reaction

If child has had any mild symptoms, **monitor child.**

Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

#### Monitor child What to do

Stay with child and:

- Watch child closely.
- Give antihistamine (if prescribed).
- Call parents and child's doctor.
- If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

### Medicines/Doses

Epinephrine, intramuscular (list type): \_\_\_\_\_ Dose:  0.15 mg  0.30 mg (weight more than 25 kg)

Antihistamine, by mouth (type and dose): \_\_\_\_\_

Other (for example, inhaler/bronchodilator if child has asthma): \_\_\_\_\_

Parent/Guardian Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician/HCP Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

# Allergy and Anaphylaxis Emergency Plan



Child's name: \_\_\_\_\_ Date of plan: \_\_\_\_\_

## Additional Instructions:

## Contacts

Call 911 / Rescue squad: ( ) \_\_\_\_\_ - \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

## Other Emergency Contacts

Name/Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Westwood Elementary School Phone:**  
**(920) 337-1087 FAX (920) 337-1091**

## Classroom Accommodations

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Individuals are responsible for understanding their role and responsibilities in preventing an anaphylactic reaction. To be completed with healthcare provider. **\*\*Please check boxes for individual needs\*\***

### CLASSROOM [ ] NO RESTRICTIONS

- [ ] Student is allowed to eat only the following foods: \_\_\_\_\_
- [ ] Those in manufacturer's packaging with ingredients listed and determined allergen safe by the parent.
- [ ] Those approved by the parent.
- [ ] **Middle or high school student will be making his/her own decision and is independent.**
- [ ] Alternate snack will be provided by parent or guardian to keep in the classroom. **Parent** will provide OWN sealed container tote for personal snacks. (Tote size needs to be less than L-14 "x W-10"x H-8")
- [ ] Will have classroom posted as Allergy Aware Classroom per parent/guardian request. [ ] Yes [ ] No
- [ ] Allergy Food Aware letter (**only in elementary schools**) will be sent home at beginning of school year by classroom teacher.
- [ ] Parent will be required to supply teacher with a supply of safe foods for unexpected food related events.
- [ ] Parent/Guardian should be advised of the planned parties as early as possible per teacher.
- [ ] Classroom projects should be reviewed by the teaching staff to avoid specified allergens.
- [ ] EPINEPHRINE AUTOINJECTOR LOCATION: ( ) Office ( ) Classroom ( ) Self ( ) Backpack ( ) Other: \_\_\_\_\_

### CAFETERIA [ ] NO RESTRICTIONS

- [ ] Student must sit at a specified allergen aware table [ ] Yes [ ] No
- [ ] Student will sit at classroom table cleansed according to procedure guidelines [ ] Yes [ ] No
- [ ] Cafeteria staff will be notified of student's allergy
- [ ] Will have written permission to purchase school lunch.
- [ ] **Student is independent at Middle School and High School.**
- [ ] Other (specify): \_\_\_\_\_

### **FIELD TRIP PROCEDURES: Epinephrine will accompany student during any off site activities and a staff member trained to Wisconsin DPI medication standards will accompany student.** [ ] NO RESTRICTIONS

- [ ] Student should remain with the teacher or designee during the entire field trip [ ] Yes [ ] No  
(Staff member must be trained in epinephrine administration and the student management plan must accompany students on all off campus events).
- [ ] Student should remain with parent during the entire field trip [ ] Yes [ ] No
- [ ] Student will wear or carry epipen on self on all fieldtrips [ ] Yes [ ] No
- [ ] **Student will be independent with Epinephrine Auto injector at Middle School and High School** [ ] Yes [ ] No
- [ ] Other (specify): \_\_\_\_\_

### INDIVIDUAL STUDENT CONSIDERATIONS [ ] NO RESTRICTIONS

- [ ] SCHOOL BUS- Transportation will be altered to student's allergy: \_\_\_\_\_
- [ ] Parent/Guardian will notify bus of student's food allergy.
- [ ] Parent will transport child to and from school daily.
- [ ] This student rides the bus [ ] Yes [ ] No
- [ ] This student self carries epinephrine on the school bus [ ] Yes [ ] No Location: \_\_\_\_\_
- [ ] Parent will contact bus service for preferential bus seating request. [ ] Yes [ ] No Other: \_\_\_\_\_
- [ ] **Student is independent at Middle School and High School.** [ ] Yes [ ] No

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**AFTER SCHOOL SPONSORED ACTIVITIES:**

[ ] Will your child take part in after school sponsored activities this school year? [ ] Yes [ ] No

***\*\*It is the responsibility of the parent to inform after school activity coordinators of life-threatening allergies and provide emergency medication. School personnel are instructed to call 911 in the event of an emergency.\*\****

OTHER: \_\_\_\_\_  
\_\_\_\_\_

- I request this medication to be given as ordered by the licensed health care provider. This order is in effect for this school year.
- I give the school nurse permission to communicate with the licensed health provider's office about this prescribed medication.
- This Medical/Medication information may be shared with school staff and 911 responders for the safety of my student.
- I understand that medication(s) may be administered by non-licensed school personnel who have received medication training.
- I agreed to hold the School District of West De Pere, its employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of this medication at school.

**\* \* My student has demonstrated to a licensed health care provider the skill necessary to use the prescribed emergency medication and any device necessary to self-administer medication. I hereby request and authorize my child to carry and/or self-administer their medication. [ ] Yes [ ] No**

\*I understand that the permission to possess and self-administer epinephrine may be revoked by the school nurse or principal if it is determined that my student is not safely and effectively able to self-administer emergency medication(s). My signature indicates that I have fully read and understand the above information.

PARENT/GUARDIAN AUTHORIZATION SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

HEALTHCARE PROVIDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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