

**STUDENT INSECT ALLERGY ACTION PLAN**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher/Homeroom \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

**ALLERGY MANAGEMENT PLAN**

Insect(s) your child is allergic to: \_\_\_\_\_

Circle the symptoms your child has during an allergic reaction:

- |                      |           |                        |                      |
|----------------------|-----------|------------------------|----------------------|
| Hives                | Itching   | Tightness in Chest     | Difficulty Breathing |
| Tongue Swelling      | Dizziness | Drop in Blood Pressure | Unconsciousness      |
| Swelling at the site |           | Redness at the site    | Other _____          |

If a reaction occurs, how soon does the reaction occur and what first aid measures are school personnel to take?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child require medication(s) for the insect allergy? Yes No What? \_\_\_\_\_

Does your child have an Epi Pen? Yes No

Does your child have an Epi Pen at School? Yes No Where? \_\_\_\_\_

Any other allergies: \_\_\_\_\_

**(If medication is required at school, a separate Medication Authorization form must be completed.)**

**PLEASE COMPLETE AND SIGN REVERSE SIDE OF THIS ACTION PLAN.**

## EMERGENCY PLAN

### STEPS TO TAKE DURING AN ALLERGIC REACTION.

1. REVIEW STUDENTS INDIVIDUAL PLAN OF CARE.
2. Verify student signs/symptoms of allergic reaction and follow parent-written first aid instructions on the front side of this Action Plan. Do not send the student home unattended if they have been treated for an allergic reaction.
3. If student is experiencing an anaphylactic reaction (hives, itching, swelling, difficulty breathing, cyanosis) and has injectable epinephrine at school:
  - a. Administer or assist student with self-administration.
  - b. Call 9-911 and inform emergency personnel of severe insect allergic reaction and that an epinephrine injection has been given.
  - c. Call parent/guardian or emergency contact.
  - d. Stay with student and maintain an open airway until emergency personnel arrive. Student should be transferred to hospital or nearest emergency room at the parent/guardian expense.
- e. Record administration or self-administration of medication in the student's health record (include date, time, source of exposure, treatment, if EMS was called and signature).

This information may be shared with the classroom teacher(s), bus driver, and other appropriate school personnel with a need to know.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_