

EMERGENCY HEALTH CARE PLAN FOR KNOWN SEVERE ALLERGIC REACTIONS

(please return this form to your child's school)

Lake Mills Area School District

Student Name _____ Grade _____

Birthdate _____ Parent/Guardian _____

Home Phone _____ Work phone _____ Cell phone _____

Physician _____ Physician's phone _____

Physician Address _____ Physician Fax _____

Date of last reaction _____ Symptoms seen _____

The above student is at risk for severe allergic reaction to: Bee/wasp/insect sting _____ Medication (specify) _____

Food _____
(specify)

Other _____
(specify)

**Usual symptoms seen _____

Physician: **Please check option A, B, or C for school staff to follow:**

Type of autoinjector ordered: (0.3 mg) _____ (0.15mg) _____

A. Give epinephrine auto-injector immediately upon exposure to above listed allergen.

B. After exposure, give epinephrine auto-injector should **any** of the following symptoms occur:

- √ difficulty breathing or wheezing √ change in voice quality (hoarseness, high pitch, coughing)
√ swelling of the lips, tongue, or throat √ raised rash (hives) which may progress to areas away from
the site of a sting (if caused by bee/wasp sting)

C. Give the following medication (i.e. Benadryl) for the following mild symptoms: _____

Name of Medication _____ Dose _____

Then administer epinephrine- autoinjector should any of the following severe symptoms occur: _____

When giving Epi-Pen immediately do the following in this order:

1. Give an injection of epinephrine auto-injector-into the muscle found over the outer-front aspect of the thigh halfway between the knee and the hip (optional to remove pants to confirm the site). **DO NOT** inject into the buttock.

*The epinephrine auto-injector is kept: _____
It should be stored at room temperature-not in the refrigerator. Do not use if it is brown, discolored or precipitated.*

2. Call the Rescue Squad (911) to transport-copy both side of the emergency card to send along-mark on copy: "epinephrine auto-injector given at (time)" or "epinephrine auto-injector child, given at (time)".

3. Treat student for shock until Rescue Squad arrives.
√ Elevate legs above level of the heart
√ Keep warm
√ Provide rescue breathing or CPR as needed

4. Notify parent

5. Notify school district nurse.

TO THE PHYSICIAN/PARENT: According to the State of WI Medical Examining Board and the Lake Mills School District "Administrative Rule on School Medication", it is required to fill out this form before school personnel may dispense or administer medication. Medication must be supplied in the original container or packaging. For safety and liability reason, medication received in any container other than the original will not be acceptable for staff administration. Parent/Guardian: By signing this form, releases the Board of Education, its agents and employees from any and all liability that may result from taking this medication.

NOTE: The 1983 Wisconsin Act 334 states that no school employee except a health care professional (this does not include health aides) may be required to administer a drug or prescription drug to a student by any means other than ingestion. The Epi-Pen administration will be done at school by a volunteer person following the above guidelines and authorized by the parent and physician with the following signatures:

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PHYSICIAN SIGNATURE _____ DATE _____

(or prescribing health care practitioner)