OFFICE OF BANNER CHRISTIAN SCHOOL
ALLERGY ACTION PLAN

FOR USE WITH EPINEPHRINE ADMINISTRATION AUTHORIZATION AND ANTIHISTAMINE AUTHORIZATION FORMS.

STUDENT:_____**DATE OF BIRTH**_____**TEACHER/GRADE**_____
ALLERGY TO:_____ **EXPOSURE ROUTE: __Contact __Ingestion __Inhalation __ Sting**
WEIGHT: _____LBS. **ASTHMA:** __YES (*higher risk for severe reaction)* __NO
EMERGENCY CONTACTS:
Parent/Guardian: _____ Phone #: _____
Parent/Guardian: _____ Phone #: _____
Name/Relationship_____ Phone #: _____

For medication administered during school and school-sanctioned activities, complete and attach the required Epinephrine and Antihistamine Authorization forms from Banner Christian School.

Extremely reactive to the following foods: _____
THEREFORE:
☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
☐ If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

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 and/or lips)
SKIN:	Many hives over body

Or **combination** of symptoms from different body areas:

SKIN:	Hives, itchy rashes, swelling (e.g., eyes, lips)
GUT:	Vomiting, diarrhea, crampy pain

1. **INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:*
   -Antihistamine
   -Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

MOUTH:	Itchy mouth
SKIN:	A few hives around mouth/face, mild itch
GUT:	Mild nausea/discomfort

1. **GIVE ANTIHISTAMINE**
2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses

Epinephrine (brand and dose): _____
Antihistamine (brand and dose): _____
Other (e.g., inhaler-bronchodilator if asthmatic): _____

Monitoring

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

_____ _____ _____ _____
Parent/Guardian Signature **Date** **Physician/Healthcare Provider Signature** **Date**

TURN FORM OVER **Form provided courtesy of Food Allergy Research & Education (FARE) (www.foodallergy.org) 4/2013**

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TO BE COMPLETED BY PRINCIPAL OR REGISTERED NURSE

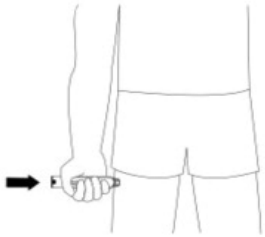
Student_____ D.O.B. _____ Teacher/Grade_____

Administration of an oral antihistamine should be considered only if the student's airway is clear and there is minimal risk of choking

EpiPen® (epinephrine) Auto-Injector Directions

- **First, remove the EpiPen® (epinephrine) Auto-Injector from the plastic carrying case**
- **Pull off the blue safety release cap**

- **Hold orange tip near outer thigh (always apply to thigh)**



- **Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.**

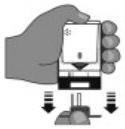
Remove EpiPen® (epinephrine) Auto-Injector and massage the area for 10 more seconds.

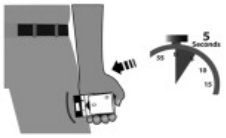
EpiPen 2-Pak® EpiPen Jr 2-Pak®
(Epinephrine) Auto-Injectors 0.3/0.15mg

Auvi-Q™ (epinephrine injection, USP) Directions

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.

Pull off RED safety guard.





Place black end against outer thigh, then press firmly and hold for 5 seconds.

Auvi-Q
epinephrine injection, USP
0.15 mg/0.3 mg auto-injectors

Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg Directions

Remove GREY caps labeled "1" and "2."

Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

ACTION PLAN CHECKLIST FOR SCHOOL PERSONNEL

- Allergy Action Plan Part I and II, complete **Yes** **No**
- Medication authorization complete **Yes** **No** **n/a**
- Epinephrine authorization complete **Yes** **No**
- Medication maintained in school designated area **Yes** **No**
- Medication self carried **Yes** **No**
- Expiration of medications(s) _____
- Staff trained in medication administration Yes No
- Copies of plan provided to: Educational **Yes** **No** **n/a** After school **Yes** **No** **n/a**

  Athletic **Yes** **No** **n/a** Food service **Yes** **No** **n/a**

Full Allergy Action plan has been implemented.

Principal or MAT Employee _____ Date _____