

**EMERGENCY CARE PLAN: Before/Aftercare Programs, Clubs
Washington Township School District
SEVERE ALLERGIC REACTION/ANAPHYLAXIS**

Date/School Year: _____ School: _____

Student: _____ **DOB:** _____

Grade/Teacher: _____

Parents/Guardians: _____

Home phone: _____ Mom phone _____ Dad phone _____

Other emergency contact/#: _____

Primary MD/#: _____

Medical diagnosis: Allergic reaction (mild, severe, anaphylaxis) triggered by _____

A student may present with a variety of symptoms when experiencing a life threatening or anaphylactic reaction after suspected or known ingestion of an allergen. These may include the following:

- *Lung: short of breath, wheezing, repetitive cough*
- *Heart: pale or blue colored skin, feels faint, weak pulse, feels dizzy or confused*
- *Throat: may complain that throat feels tight or is closing, has trouble breathing or swallowing*
- *Mouth: tongue and /or lips may swell*
- *Skin: hives or other itchy rash may appear, may see swelling in other facial areas, eyelids*
- *Stomach: vomiting, diarrhea; may complain of a stomachache*

NURSE WILL COMPLETE INFORMATION IN THE BOX (copy will be returned to parent):

Written Parent consent for delegate(s): YES NO

Delegates: _____

Epipen order: _____

Benadryl order: _____

Location of Epipen: in the Health Office: _____

Other location: Before/Aftercare cabinet; other: _____

**Childcare Director will notify program staff of the location of the cabinets which contain the epinephrine.*

Treatment of reaction:

1. Student is to notify adult that they are experiencing signs or symptoms of an allergic reaction. Delegate may administer Epipen per HCP orders.
2. Call 9-1-1 if Epipen is administered. Call 9-1-1 and inform emergency personnel that student has severe allergic reaction to _____, and if the Epipen has been given or not.
3. Follow Medical Emergency, Staff Protocol (includes notification of Administration).
4. Call parent/designee.
5. Record events.
6. Other:

Signatures:

School Nurse/date

Parent/date

Before/Aftercare Director (if applicable)/date

Copy will be given to the following personnel:

EMERGENCY CARE PLAN: School Day and Field Trips
Washington Township School District
SEVERE ALLERGIC REACTION/ANAPHYLAXIS

Date/School Year: _____ School: _____

Student: _____ **DOB:** _____
Grade/Teacher: _____

Parents/Guardians: _____
Home phone: _____ **Mom phone:** _____ **Dad phone:** _____

Other emergency contact/#: _____

Primary MD/#: _____

Medical diagnosis: Allergic reaction (mild, severe, anaphylaxis) triggered by _____.
A student may present with a variety of symptoms when experiencing a life threatening or anaphylactic reaction after suspected or known ingestion of an allergen. These may include the following:

- *Lung: short of breath, wheezing, repetitive cough*
- *Heart: pale or blue colored skin, feels faint, weak pulse, feels dizzy or confused*
- *Throat: may complain that throat feels tight or is closing, has trouble breathing or swallowing*
- *Mouth: tongue and /or lips may swell*
- *Skin: hives or other itchy rash may appear, may see swelling in other facial areas, eyelids*
- *Stomach: vomiting, diarrhea, may complain of a stomachache*

NURSE WILL COMPLETE INFORMATION IN THE BOX (copy will be returned to parent):

Parent consent for delegate(s): YES NO

Delegates: _____

Epinephrine order: _____

Benadryl order: _____

Location of Epinephrine: in the Health Office: _____

Other location: _____

Treatment of reaction:

1. Student is to notify adult in classroom/on trip that she/he is experiencing signs or symptoms of an allergic reaction. Adult will notify the Nurse immediately. Nurse *(only)* may administer Benadryl, per MD orders. Nurse or delegate may administer Epinephrine per MD orders.
2. Follow Medical Emergency, Staff Protocol guidelines (includes notification of Administration). Call 9-1-1 if epinephrine is administered by Nurse or delegate. Inform emergency personnel that student has severe allergic reaction to _____, and if the epinephrine has been given or not.
3. Call parent/designee.
4. Record events.
5. Other:

Signatures:

School Nurse/date
Copy given to the following personnel:

Parent/date