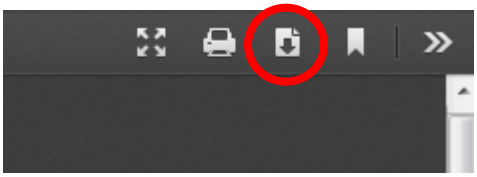
Directions for filling out EMERGENCY CARE PLAN FOR ANAPHYLACTIC ALLERGIES form.

1. Use **Adobe Acrobat Reader** to view form.

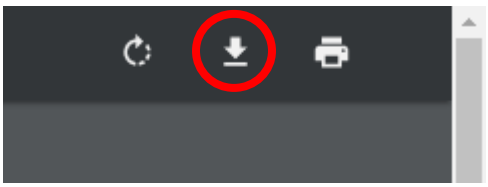
    - Click link below if download of Adobe Acrobat Reader is necessary.

2. Please **DOWNLOAD and OPEN** file locally before completing by clicking the download icon in browser being used.

    - **Firefox browser**



    - **Google Chrome browser**



    - **Internet Explorer browser**

3. **Please submit the completed form to the School or Nurse's Office.**

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HARVEST CHRISTIAN ACADEMY

EMERGENCY CARE PLAN FOR ANAPHYLACTIC ALLERGIES

Last Name _____ First Name _____ Grade _____ Teacher _____

Allergens: _____ Birthdate _____

Has epi-pen ever been used in the past? Yes ☐ No ☐ If yes, when? _____

Asthmatic? Yes ☐ No ☐ Inhaler at school? Yes ☐ No ☐

Father's Last Name _____ First Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Mother's Last Name _____ First Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact Name _____ Relationship _____ Contact No. _____

Emergency Contact Name _____ Relationship _____ Contact No. _____

Symptoms of an allergic reaction may include any/all of these: (Check appropriate boxes.)

► **Mouth**	Itching & swelling of lips	☐	Itching & swelling of tongue or mouth	☐	Mouth "feels hot"	☐			
► **Throat**	Tightness in throat	☐	Itching	☐	Hoarseness	☐	Cough	☐	Difficulty swallowing ☐
► **Skin**	Swelling of face & extremities	☐	Itchy rash	☐	Hives	☐			
► **Stomach**	Nausea/Vomiting	☐	Abdominal cramps	☐	Diarrhea	☐			
► **Lung**	Shortness of breath	☐	Repetitive cough	☐	Wheezing	☐			
► **Heart**	"Thready pulse"	☐	Dizzy/"Passing out"	☐	Pale	☐			

Staff members notified of allergy: Homeroom Teacher ☐ Nurse ☐ Other staff _____ ☐

TREATMENT PLAN FOR SCHOOL STAFF TO FOLLOW (To be filled out by parents or doctor.)

► Call school nurse. ► Call Parent/guardian as soon as possible. ► If ingestion or suspected ingestion of allergen occurs and symptoms are present and epinephrine is ordered, give epinephrine immediately and call 911.

Treatment should be initiated with symptoms ☐ without waiting for symptoms ☐

Benadryl ordered Yes ☐ No ☐ Dosage _____ of Benadryl per provider's orders

Epinephrine ordered Yes ☐ No ☐ Special instructions _____

Location of Epinephrine Nurse's office ☐ Main Classroom ☐ With student ☐ Other _____

Expiration Date of Epinephrine _____

Preferred hospital if transported _____

Doctor's Name _____ Contact No. _____

Epinephrine provides a 20 minute response window. After epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response. Students receiving epinephrine should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian, or emergency contact is not present and adequate supervision for others is present.

HEALTHCARE PROVIDER: _____ PHONE: _____

PARENT'S/GUARDIAN'S SIGNATURE: _____ **DATE:** _____