North Thurston Public Schools
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Student and Staff Support Services
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SCHOOL EMERGENCY ALLERGY PLAN/MEDICATION ORDER/504 PLAN

Student:_____ DOB:_____ Teacher/Grade:_____
Parent/Guardian:_____ Phone: (H)_____(O)_____
Second Contact Person:_____ Phone:_____
SEVERE ALLERGY TO:_____(Allergen) ASTHMATIC: ❑ Yes ❑ No

Student Picture

SIGNS OF AN ALLERGIC REACTION

- THROAT* itching and/or sense of tightness in the throat, hoarseness, and hacking cough
- LUNG* shortness of breath, repetitive coughing and/or sneezing
- HEART* "thread" pulse, fainting and/or feeling may "pass out"
- MOUTH itching and swelling of the lips, tongue or mouth
- SKIN hives, itchy rash and/or swelling about the face or extremities
- GUT nausea, abdominal cramps, vomiting and/or diarrhea

The severity of symptoms can quickly change. *Symptoms in any of the top three systems can be immediately life-threatening and symptoms in the bottom three can progress to a potentially life-threatening situation!
IN THE PRESENCE OF ANY OF THE ABOVE SYMPTOMS a child with severe allergies should be monitored continuously.

ACTION

1. If exposure to allergen is suspected, or if child exhibits ANY symptoms, give Epi-pen (inject into thigh and hold for 10 seconds)
2. **CALL 911**
3. Call Parent/Guardian

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL 911 EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED!!

Registered nurses cannot delegate assessment and clinical judgment to unlicensed school staff, therefore, Benadryl will not be given first and there cannot be a "wait and watch" period of time. Epinephrine will be administered as ordered.

Medication Orders: **To be completed and signed by Licensed Health Professional**

MEDICATION NAME	HOW MUCH	WHEN TO USE

Permission to carry Epi-pen? ❑ Yes ❑ No Permission to carry Inhaler? ❑ Yes ❑ No

Signature of Licensed Health Professional _____ Name (Please print or type) _____ Date _____

Phone _____ FAX _____ Address _____ City _____ Zip Code _____

Signature of Parent or Legal Guardian _____ Date _____

Signature of School Nurse _____ Date _____

	Epi pen	Inhaler
In health room?	❑Yes ❑No	❑Yes ❑No

Carries in ❑ Backpack ❑ Purse ❑ Other:_____
Sports Played_____
❑Rides bus #_____ or ❑ Drives _____