

HORSE CREEK ACADEMY

SEVERE ALLERGY EMERGENCY ACTION PLAN

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Teacher: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_ Asthmatic: Yes \_\_\_ No \_\_\_

Parent/Guardian Telephone Numbers:

Name/Relationship	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____

TO BE COMPLETED BY PHYSICIAN'S OFFICE

This reaction could \_\_ could not\_\_ be described as anaphylactic. Presenting symptoms include:

Please check off the appropriate symptoms

- Skin: "hives" (red blotches or welts which itch): severe swelling
- Eyes: tearing, redness, itching
- Lungs: shortness of breath, rapid breathing, cough, wheeze
- Gut: repeated vomiting, nausea, abdominal pain (diarrhea later)
- Brain: anxiety, agitation, or loss of consciousness
- Throat: tightness, trouble speaking, and trouble breathing
- Nose: running, itching, congested
- Mouth: itching, swelling of lips, tongue or mouth
- Heart/Circulation: weak pulse, loss of consciousness

In the event of an allergic reaction, the school nurse should proceed as follows:

1. If the child develops only hives (only skin problems) give antihistamine.
  - a. Dose: Benadryl \_\_\_\_mg by mouth  
**Oral antihistamine (Benadryl) to be given by nurse, parent, or staff member trained to assist with med. administration.**
  - b. Observe closely for additional symptoms for the next six hours; notify parent/guardian
2. If the child develops any signs of severe reactions of anaphylaxis, **immediately**
  - a. Inject Epinephrine IM: Dose\_\_ .15mg \_\_.30mg
  - b. This dose of IM Epinephrine may be repeated in 15 minutes if symptoms reoccur.
  - c. Give the above dose of Benadryl by mouth
  - d. Notify parent/guardian, and call 911
3. If wheezing occurs, treat with: \_\_\_\_\_

In the event of an allergic reaction when the school nurse is unavailable (field trip, after school activity, or athletics): This order is in effect for the current school year only!

- \_\_\_\_\_ **Able to self medicate**  
I give my permission for this child to self medicate when the school nurse is not available. This student is allowed to administer antihistamine (Benadryl) simultaneously with the Epi-pen only for anaphylaxis. The child has been educated on symptoms of anaphylaxis and instructed in the proper method of self-administration of epinephrine.
- \_\_\_\_\_ **Unable to self medicate**  
This child is not able to self medicate at this time. In the event of an anaphylactic reaction when the nurse is not available, I give my permission for a **trained delegate** to administer a single dose of an Epi-pen, and call 911.

_____ <b>Physician's Signature</b>	_____ <b>Date</b>	_____ <b>Parent Signature</b>	_____ <b>Date</b>
_____ <b>Physician's Name here</b>		_____ <b>School Nurse Signature</b>	_____ <b>Date</b>

Please complete Liability Waiver for Self-Medication on the other side of this form if your child can self-medicate.

# Horse Creek Academy

1200 Toolebeck Rd.,  
Aiken, SC 29829  
(803)226-0160  
(803)226-0202

DATE:

## Liability Waiver for Self-Medication Agreement

This agreement made \_\_\_\_\_(date),  
by \_\_\_\_\_(name of parent and or legal guardian),  
having an address of \_\_\_\_\_,  
and Horse Creek Academy.  
\_\_\_\_\_, the parent(s) and or  
legal guardian(s) of \_\_\_\_\_, will not hold  
Horse Creek Academy, the school district, or any school personnel liable for any/all adverse  
drug reactions, losses, damages, expenses and charges which are sustained or incurred by Horse  
Creek Academy arising directly or indirectly out of the self-administration of medication by  
\_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Horse Creek Academy Representative