

**Amherst County Public Schools  
Severe Allergy Emergency Plan**

(New authorization is required at the beginning of each school year)

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Asthmatic:  Yes\*  No \*Higher risk for severe reaction

**If Exposure Occurs**

- Student will be escorted to the Clinic only if no s/s of acute breathing problems (ex: shortness of breath, wheezing etc.). If s/s of breathing problems present Teacher will call for School Nurse or Student Health Assistant.
- If Nurse or SHA are not available Lay Responder will be called, they are: \_\_\_\_\_

**Treatment (to be completed by MD)**

Symptoms:

- If food allergen has been ingested but *no symptoms*:
- Mouth—Itching, tingling or swelling of lips, tongue, mouth
- Skin—Hives, itchy rash, swelling of the face or extremities
- Gut—Nausea, abdominal cramps, vomiting, diarrhea
- Throat †-Tightening of throat, hoarseness, barking cough
- Lung †—Shortness of breath, repetitive coughing, wheezing
- Heart †—Thready pulse, low blood pressure, fainting, pale, blueness
- Other: \_\_\_\_\_

• If reaction is progressing (several of the above areas affected), give  
The severity of symptoms can quickly change. †Potentially life threatening.

Give Checked Medicine:

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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Dosage

**Epinephrine:** Inject intramuscularly (circle one): EpiPen® EpiPen® Jr Twinjet™ 0.3mg Twinjet™ 0.15mg  
(see reverse side for instructions)

Student may carry medication with them at all times:  Yes  No, medication to be kept in clinic

**Antihistamine:** give \_\_\_\_\_  
Medication/dose/route

**Other:** give \_\_\_\_\_  
Medication/dose/route

**Prescriber signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Important: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.**

- Parent/Guardian will be notified if student has any exposure to allergen.
- If Epinephrine is administered 911 will be called by Nurse, SHA, Lay responder or other available school staff.
- Student will be transported to Lynchburg General Hospital by the local Life Saving Crew.
- If parent is not available to ride with student to Lynchburg General Hospital then a designated school staff person will accompany student until Parent/Guardian arrives.

Additional information or plan:  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ hereby request that the school nurse or member of the staff at \_\_\_\_\_ School administer certain medications and treatment to my son/daughter. I understand that the person at the school who will administer this medication or treatment may be inexperienced and untrained in this requested service and state, without reservation, that I shall not hold him/her or the Amherst County School Board liable in any way for any harm or injury that may be experienced by my child as a result of this service. I authorize a representative of the school to share information regarding prescribed medication with the licensed prescriber.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone #:** H \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ C \_\_\_\_\_  
Phone #: \_\_\_\_\_ W \_\_\_\_\_

**School Nurse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_