

Anaphylaxis Action Form - Middle School Student

Date developed _____

Date to be reviewed: _____

Student's Picture (Optional)	Student's Name: _____	Date of Birth: _____ (Y/M/D)	Female: <input type="checkbox"/> Male: <input type="checkbox"/>
	Parent/Guardians: _____	Allergen: Do not include antibiotics or other drugs <input type="checkbox"/> Peanuts <input type="checkbox"/> Nuts <input type="checkbox"/> Dairy <input type="checkbox"/> Insects <input type="checkbox"/> Latex other: _____	
	Daytime Phone #: _____	Additional Information (Parents complete)	
	Emergency Contact: _____		
	Daytime Phone #: _____		
	Physician Name: _____		
Anaphylaxis Prevention Strategies			
<u>Parent/Student Responsibilities</u> <ul style="list-style-type: none"> • Inform teacher of allergy, emergency treatment and location of both EpiPens • Know anaphylaxis risks and take measures to prevent anaphylaxis • Discuss appropriate location of both EpiPens with teacher/principal • Ensure student knows to keep EpiPen in a close location at all times, NOT in locker • Ensure EpiPens are taken on field trips • Ensure student wears Medic Alert bracelet or necklet For students with food allergies: <ul style="list-style-type: none"> • Ensure student knows to eat only food and drinks brought from home • Encourage washing of the student's desk and/or writing surface with soapy water prior to the student using the desk 		Symptoms: ✓ All That Apply (Parents complete) <ul style="list-style-type: none"> <input type="checkbox"/> swelling (eyes, lips, face, tongue) <input type="checkbox"/> coughing <input type="checkbox"/> difficulty breathing or swallowing <input type="checkbox"/> choking <input type="checkbox"/> cold, clammy sweating skin <input type="checkbox"/> wheezing <input type="checkbox"/> flushed face or body <input type="checkbox"/> voice changes <input type="checkbox"/> fainting or loss of consciousness <input type="checkbox"/> vomiting <input type="checkbox"/> dizziness or confusion <input type="checkbox"/> diarrhea <input type="checkbox"/> stomach cramps <input type="checkbox"/> other _____ *symptoms may vary depending on the reaction	
<u>Teacher/Coach/Supervising Adult Responsibilities</u> <ul style="list-style-type: none"> • In consultation with parent/student/Public Health Nurse, provide "allergy awareness" education for classmates • Inform teacher on-call of student with anaphylaxis, emergency treatment and location of both EpiPens • Take EpiPens, a copy of this Anaphylaxis Action Form and a cell phone. Be aware of anaphylaxis exposure risk (food, latex and insect allergies). • Inform supervising adults of student with anaphylaxis and emergency treatment. 		Emergency Protocol: <ul style="list-style-type: none"> • Administer EpiPen • Call 911 request an Advanced Life Support Ambulance • Notify Parent/Guardian • Administer second EpiPen in 10 minutes if no improvement in symptoms • Have ambulance transport to hospital Can student self-administer EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No EpiPen #1 location: _____ EpiPen #2 location: _____	