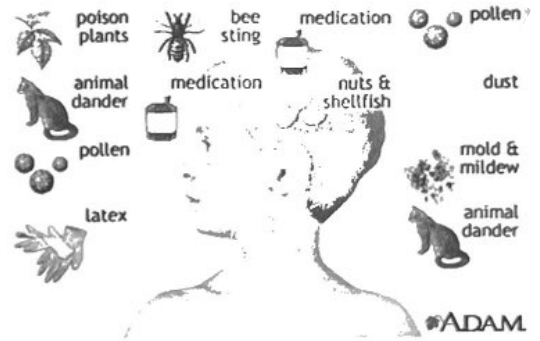


GREAT HEARTS ACADEMY – ALLERGY ACTION PLAN 2025/2026 SHOOOL YEAR

FIRST NAME: _____
 LAST NAME: _____ DOB: _____
 PARENT/GUARDIAN: _____
 BEST CONTACT PHONE NUMBER: _____
 PHYSICIAN NAME: _____
 PHYSICIAN PHONE NUMBER: _____
 TEACHER: _____ ROOM # _____



ALLERGIES: _____

TYPE OF REACTION: _____ Anaphylaxis _____ Nausea/Vomiting _____ Rash

Other reaction: _____

Allergic reaction may occur by: _____ Ingestion _____ Inhalation _____ Touch or Other: _____

Is the student asthmatic? _____ yes _____ no

My student will be eating food provided by local vendors for lunch _____ yes _____ no

My child may exhibit **MILD** symptoms with exposure to allergen _____

Treatment of **MILD** symptoms include:

1. Note time and occurrence of symptoms and stay with student
2. Watch closely for any sign of a serious reaction
3. Call parent/guardian listed above or communicate in writing of event
4. Give the following Medication: _____ Given to nurse _____ yes _____ date
 Dose: _____
 May repeat: _____
 Other instructions: _____
5. Call 911 or give emergency medications if symptoms worsen

My child may exhibit **SEVERE** symptoms with exposure to allergen _____

(Exhibiting any or all of the following symptoms is considered to be a severe allergic reaction: widespread hives and flushing, widespread tissue swelling, swelling of the tongue, throat itching or a sense of tightness in the throat, hoarseness and/or hacking cough, vomiting, nausea, cramps, diarrhea, repetitive coughing, wheezing, trouble breathing, rapid heart rate, lightheadedness, dizziness, loss of consciousness) Treatment of **SEVERE** symptoms include:

1. Note time and occurrence of symptoms and stay with student
2. Call 9-1-1 and inform them of a severe allergic reaction
3. Administer according to package instructions(circle) EpiPen 0.3 mg intramuscularly Given to nurse _____ yes
 EpiPen Jr. 0.15 mg intramuscularly
 TwinJect 0.3 mg intramuscularly
 Twinject 0.15 mg intramuscularly
4. Call parent/guardian listed above, continue monitoring student for return of severe symptoms
5. Give injection device used, packaging, and student information to emergency responders
6. Give the following ANTIHISTAMINE: _____ Given to nurse _____ yes _____ date
 Dose: _____
 May repeat: _____
 Other instructions: _____

I understand that school staff **MUST** be informed of my child's health concerns in order to provide safe and appropriate care. I will update the school nurse office as my child's health conditions/treatments change throughout the year.

Parent/Guardian signature: _____ Date: _____

Food Allergy Action Plan

Emergency Care Plan

Place
Student's
Picture
Here

Name: _____

Date of Birth: _____

Allergy To: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough

HEART: Pale, blue, faint, weak pulse, dizzy, confused

THROAT: Tight, hoarse, trouble breathing/swallowing

MOUTH: Obstructive swelling (tongue and/or lips)

SKIN: Many hives over body

Or combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)

GUT: Vomiting, diarrhea, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications: *
 - Antihistamine
 - Inhaler (bronchodilator) asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth

SKIN: A few hives around mouth/face, mild itching

GUT: Nausea/discomfort



1. GIVE ANTIHISTAMINE
2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses

Epinephrine (brand and dose) _____

Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Parent/Guardian Signature: _____ Date: _____

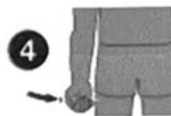
Physician Signature: _____ Date _____

HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

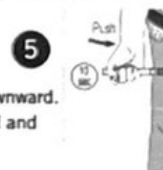
1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.

**HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN**

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.

**HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS**

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.

**HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES**

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.

**HOW TO USE SYMJEPi™ (EPINEPHRINE INJECTION, USP)**

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPi by finger grips only and slowly insert the needle into the thigh. SYMJEPi can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.

**ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:**

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

Call 911

Doctor: _____ **Phone Number:** _____

Parent/Guardian: _____ **Phone Number:** _____

Other Emergency Contact: _____ **Phone Number:** _____
Relationship: _____