

Waconia District 110 Health Services

St. Joseph Catholic School

41 East First Street ~ Waconia MN 55387 952.442.4500 (Health Office ext: 138)

Anaphylaxis ~ Severe Allergy Emergency Action Plan

Student Name _____

Date of Birth _____

Grade / Teacher / Class Phone Ext. _____

ALLERGIC TO: _____

Asthma: Yes (high risk for severe reaction) No

Other health problems: _____

Concurrent Medications: _____

SYMPTOMS OF ANAPHYLAXIS / SEVERE ALLERGIC REACTION INCLUDE:

- ♦ Mouth Itching, swelling of lips and / or tongue
- ♦ Throat Itching, tightness / closure, hoarseness
- ♦ Skin Itching, hives, redness, swelling
- ♦ Gut Vomiting, diarrhea, cramps
- ♦ Lungs Shortness of breath, cough, wheeze
- ♦ Heart Weak pulse, dizziness, passing out

*Only a few symptoms may be present. Severity of symptoms can change quickly.
Symptoms can be life threatening! ACT FAST!*

WHAT TO DO:

1. INJECT EPINEPHRINE IN THIGH USING (check one) EpiPen Jr. 0.15 mg EpiPen 0.3mg

2. Antihistamine: give _____
Medication/Dose/Route

3. Other: give _____
Medication/Dose/Route

4. CALL 911 (before calling parents / contacts)! State who you are, where you are, what the problem is.

5. Emergency contacts:

	Name / Relationship	Phone Number(s)
a.	_____	1.) _____ 2.) _____
b.	_____	1.) _____ 2.) _____
c.	_____	1.) _____ 2.) _____

Even if parents or emergency contacts cannot be reached, do not hesitate to medicate and call 911 and have student transported to hospital!

Additional instructions / comments: _____

Physician Signature (Required) ~ Date

Parent Signature (Required) ~ Date