

CONRAD WEISER AREA SCHOOL DISTRICT  
LIFE THREATENING ALLERGY ACTION PLAN

STUDENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ BCTC (Y/N) GRADE \_\_\_\_\_ Section \_\_\_\_\_

SEVERE ALLERGY TO \_\_\_\_\_ Does the student have asthma? [ ] yes [ ] no

PARENT/GUARDIAN: COMPLETE EMERGENCY CONTACT INFORMATION ON THE BACK OF THIS FORM.

Do not depend on an antihistamine or bronchodilator inhaler to treat a severe reaction – only use Epinephrine Auto-injector

FOR ANY OF THE FOLLOWING:  
**SEVERE SYMPTOMS**



**LUNG**

Short of breath,  
wheezing,  
repetitive cough



**HEART**

Pale, blue,  
faint, weak  
pulse, dizzy



**THROAT**

Tight, hoarse,  
trouble  
breathing/  
swallowing



**MOUTH**

Significant  
swelling of the  
tongue and/or lips



**SKIN**

Many hives over  
body, widespread  
redness



**GUT**

Repetitive  
vomiting, severe  
diarrhea



**OTHER**

Feeling  
something bad is  
about to happen,  
anxiety, confusion

OR A  
COMBINATION  
of symptoms  
from different  
body areas.



1. INJECT EPINEPHRINE IMMEDIATELY.
2. Call 911. Tell them the child is having anaphylaxis and may need additional epinephrine when they arrive.
  - **NURSE ONLY:**  
Consider giving additional medications following epinephrine:
    - Antihistamine
    - Inhaler (bronchodilator) if wheezing
3. Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - **NURSE ONLY:** If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
4. Alert emergency contacts.
5. EMS to transport to preferred hospital for further evaluation.

**MILD SYMPTOMS**



**NOSE**

Itchy/runny  
nose,  
sneezing



**MOUTH**

Itchy mouth



**SKIN**

A few hives,  
mild itch



**GUT**

Mild nausea/  
discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE  
SYSTEM AREA, GIVE EPINEPHRINE.

\*\*\*\*\*NURSE ONLY\*\*\*\*\*

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM  
AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, Epinephrine.

**MEDICATIONS/DOSES**

Epinephrine Brand: \_\_\_\_\_

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN AUTHORIZATION SIGNATURE

DATE

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Section/Teacher \_\_\_\_\_

**AUTHORIZATION FOR PERMISSION TO CARRY EPINEPHRINE AUTO-INJECTOR**

Please circle: YES / NO I believe this child is capable and responsible to carry and self-administer the prescribed Epinephrine Auto-Injector during school and school activities and if the auto-injector is used he/she will immediately notify the nurse. He/She has physician permission to do so and has been instructed in the proper procedure for self-administration.

\_\_\_\_\_  
Physicians' Printed Name

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**STUDENT EMERGENCY CONTACT INFORMATION**

Parent/Guardian Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**ATTENTION PARENTS/GUARDIANS**

- Please complete the Life Threatening Allergy Action Plan if your child is prescribed an Epinephrine Auto-injector for a severe allergy. The *PARENT or GUARDIAN* and *PHYSICIAN* are required to sign the form. Additional copies are available in the nurse's office and on the district website
- Epinephrine Auto-injectors must be delivered to the school nurse in the **ORIGINAL CONTAINER**, with the prescription label attached.
- This information is only used in regard to the administration of Epinephrine in an emergency, it needs to be completed **each school year**, and you are still **required** to complete the District Emergency Information Form **each year**.