

Grand Prairie Independent School District Health Services

**SELF-ADMINISTRATION OF PRESCRIBED ANAPHYLAXIS MEDICATION
EMERGENCY CARE PLAN**

Student's Name: _____ Grade: _____ School: _____
Physician's Name: _____ Phone Number: _____

ALLERGIC TO: _____

Asthmatic: YES NO

Additional medical problems and current medications: _____

Symptoms of an allergic reaction can include:

- Mouth/Throat:** itching, tingling, and/or swelling of lips, tongue, mouth, throat, throat tightness, hoarseness, cough
 - Skin:** hives, itchy rash, swelling
 - Gut:** nausea, abdominal cramps, vomiting, diarrhea
 - Lungs*:** shortness of breath, coughing, wheezing
 - Heart:** pulse is hard to detect, "passing out"
- *If child has asthma, asthma symptoms may also need to be treated

Steps to take during an allergic reaction episode:

1. Allow student to self-administer prescribed anaphylaxis medication.
2. **Call 911 and notify school nurse or principal**
3. Keep student calm/quiet
4. Contact the child's parent/guardian.

MEDICATION – See physician's order for student self-administration of prescription anaphylaxis medication.

SCHOOL PERSONNEL (with a "need to know") notified of authorization to self-administer prescribed anaphylaxis medication:

	Initial		Initial
1.		4.	
2.		5.	
3.		6.	

PAST ALLERGIC REACTION:

1. Number of incidents: _____
2. Symptoms that occurred: _____
3. How allergic reaction(s) treated: _____

SPECIAL INSTRUCTIONS: _____

Emergency Contacts:

Parent/Guardian: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Other Contact (Name/Day Phone): _____

I have reviewed the Emergency Care Plan as written and have made any changes needed.

Parent Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____