



**GRAND PRAIRIE I.S.D. SEVERE ALLERGY EMERGENCY ACTION PLAN AND TREATMENT AUTHORIZATION**

**DOCUMENTATION**

- Gather information about the reaction, who assisted in the intervention and who witnessed the event.
- Attempt to save food eaten before the reaction, place in a plastic zipper bag. (food allergy)
- If food was provided by school cafeteria, review food labels with cafeteria manager (food allergy)

**Follow-up:**

- Review facts about the reaction with the student and parents and provide the facts to those who witnessed the reaction or are involved with the student, on a need-to-know basis. Explanations will be age-appropriate.
- Amend the Emergency Action Plan (EAP). Individual Health Care Plan (IHCP) and/or 504 Plan as needed.
- Specify any changes to prevent another reaction.

**TRAINED STAFF MEMBERS**

Name: \_\_\_\_\_ Room: \_\_\_\_\_

Name: \_\_\_\_\_ Room: \_\_\_\_\_

Name: \_\_\_\_\_ Room: \_\_\_\_\_

**LOCATION OF MEDICATION**

- Student to carry \_\_\_\_\_
- Health Office/Designated Area for Medication \_\_\_\_\_
- Other: \_\_\_\_\_

**HISTORY OF ALLERGY REACTION**

Allergic To: \_\_\_\_\_ Age discovered \_\_\_\_\_

Allergy Reaction was caused when substance was: (CIRCLE) Eaten Touched Inhaled Other: \_\_\_\_\_

Describe what happened (list symptoms): \_\_\_\_\_

\_\_\_\_\_

Was an emergency epinephrine injection (Epi Pen) used for the allergy reaction? (CIRCLE) Yes No

Was student treated in an ER or hospitalized for an allergy reaction? (CIRCLE) Yes No

If so, when? \_\_\_\_\_

Do you take any special precautions to reduce student's risk of any allergy reaction? \_\_\_\_\_

\_\_\_\_\_

**ADULT MUST PICK UP UNUSED MEDICATION AT THE END OF THE SCHOOL YEAR**