

HORSE CREEK ACADEMY

ANAPHYLAXIS INDIVIDUAL EMERGENCY CARE PLAN

Student's Name: _____ DOB: _____ Teacher: _____

ALLERGY TO: _____ Asthmatic: Yes ___ No ___

Parent/Guardian Telephone Numbers:

Name/Relationship	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____

TO BE COMPLETED BY PHYSICIAN'S OFFICE

This reaction **could** ___ **could not** ___ be described as anaphylactic. Presenting symptoms include:

Please check off the appropriate symptoms

- Skin: "hives" (red blotches or welts which itch): severe swelling
- Eyes: tearing, redness, itching
- Lungs: shortness of breath, rapid breathing, cough, wheeze
- Gut: repeated vomiting, nausea, abdominal pain (diarrhea later)
- Brain: anxiety, agitation, or loss of consciousness
- Throat: tightness, trouble speaking, and trouble breathing
- Nose: running, itching, congested
- Mouth: itching, swelling of lips, tongue or mouth
- Heart/Circulation: weak pulse, loss of consciousness

In the event of an allergic reaction, the school nurse should proceed as follows:

1. If the child develops only hives (only skin problems) give antihistamine.
 - a. Dose: Benadryl ___mg by mouth
Oral antihistamine (Benadryl) to be given by nurse, parent, or staff member trained to assist with med. administration.
 - b. Observe closely for additional symptoms for the next six hours; notify parent/guardian
2. If the child develops any signs of severe reactions of anaphylaxis, **immediately**
 - a. Inject Epinephrine IM: Dose ___ .15mg ___ .30mg
 - b. This dose of IM Epinephrine may be repeated in 15 minutes if symptoms reoccur.
 - c. Give the above dose of Benadryl by mouth
 - d. Notify parent/guardian, and call 911
3. If wheezing occurs, treat with: _____

In the event of an allergic reaction when the school nurse is unavailable (field trip, after school activity, or athletics): This order is in effect for the current school year only!

- _____ **Able to self medicate**
I give my permission for this child to self medicate when the school nurse is not available. This student is allowed to administer antihistamine (Benadryl) simultaneously with the Epi-pen only for anaphylaxis. The child has been educated on symptoms of anaphylaxis and instructed in the proper method of self-administration of epinephrine.
- _____ **Unable to self medicate**
This child is not able to self medicate at this time. In the event of an anaphylactic reaction when the nurse is not available, I give my permission for a **trained delegate** to administer a single dose of an Epi-pen, and call 911.

_____ Physician's Signature	_____ Date	_____ Parent Signature	_____ Date
_____ Physician's Name here		_____ School Nurse Signature	_____ Date

Please complete Liability Waiver for Self-Medication on the other side of this form if your child can self-medicate.

Horse Creek Academy

1200 Toolebeck Rd.,
Aiken, SC 29829
(803)226-0160
(803)226-0202

DATE:

Liability Waiver for Self-Medication Agreement

This agreement made _____(date),
by _____(name of parent and or legal guardian),
having an address of _____,
and Horse Creek Academy.
_____, the parent(s) and or
legal guardian(s) of _____, will not hold
Horse Creek Academy, the school district, or any school personnel liable for any/all adverse
drug reactions, losses, damages, expenses and charges which are sustained or incurred by Horse
Creek Academy arising directly or indirectly out of the self-administration of medication by

_____.

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Horse Creek Academy Representative