MECKLENBURG COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH

Emergency Action Plan and Order: Severe Allergy in School

Student's Name: ____________________________________ DOB: ______________________
Student's Address: ____
Student's Phone #: __________________________ Student's I.D: _________________________
Mother's Name: __________________ Phone: Work _______________Cell _______________
Father's Name: ___________________ Phone: Work _______________Cell _______________
Preferred Hospital: ____
School: _______________________________ Teacher/Grade/Homeroom: ___________________

School Year: ____ History of asthma: ☐ Yes ☐ No

Student is known to be highly allergic to: ________________________________

Student's health care provider to complete the following information:

<u>If ingestion of or contact with allergen is suspected; and/or if any of the following symptoms occur:</u>

- tingling/itching/swelling of the lips, tongue, mouth, throat
- sense of tightness in the throat
- hoarseness, hacking cough
- repetitive coughing
- hives/itchy rash
- swelling around the face or extremities
- nausea, abdominal cramps, vomiting, diarrhea
- shortness of breath
- blue color/paleness to lips or nails
- wheezing
- "passing out"
- low blood pressure

<u>Give medications immediately</u>

a. ☐ Benadryl _______ mg by mouth **(Indicate dosage)**

b. ☐ EpiPen 0.3 mg IM OR ☐EpiPen Jr. 0.15mg IM **(Check one)**

<u>If Epinephrine is given, call 911 immediately</u>.

- Monitor vital signs.
- Call parent/notify school nurse/principal.

Other instructions:

Health Care Provider ________________________ **Phone #** _______________**FAX #**______________
Address:____
Health Care Provider's signature: _____________________________________**Date**: ______________
(Please sign here to authorize this order and return to the School Health Program, MCHD, Hal Marshal Annex, 618 North College Street, Charlotte, N.C. 28202 Fax: 704-432-2079 Attn: School Health.)
Parent /Guardian Signature____**Date**________________

School Health Nurse Signature_______________________________________**Date**________________