

**EMERGENCY CARE PLAN FOR
KNOWN SEVERE ALLERGIC REACTIONS
Cedarburg School District**

This form should only be filled out if your student has a severe allergy.

Student Name: _____	Home Phone: _____
Birthdate: _____ Grade: _____	Cell Phone: _____
Parents/Guardians: _____	Mother's work phone: _____
Guardian work phone: _____	Father's work phone: _____
Date of last reaction: _____	Physician: _____
Symptoms seen: _____	Physician's phone: _____

The above student is at risk for severe allergic reaction to:

Bee/Wasp/Insect Sting	Medication (specify): _____
Food (specify): _____	Other (specify): _____

If he or she is exposed to the allergen listed above and shows any of the following symptoms:

Difficulty breathing/wheezing	Swelling of lips, tongue or throat
Change in voice quality (hoarseness, high pitch, coughing)	Raised rash (hives) which may progress to areas away from the sting site (if caused by insect sting)

Immediately do the following in this order:

1. Send someone else to call the Rescue Squad (911) to transport. **DO NOT** leave the student alone. Obtain the Epi pen or have someone else retrieve it.
The Epi pen is kept: _____
It should be kept at room temperature. Do not use if it is brown, discolored or precipitated.
2. Give an injection of: Epi pen (0.3 mg epinephrine) – or –
Epi pen Jr. (0.15 mg epinephrine)
Into the muscle found over the outer-front aspect of the thigh halfway between the knee and hip. DO NOT inject into the buttocks. The Epi pen is an automatic injectable – follow directions on the back of this sheet.
Discard empty Epi pen by placing it into its protective container and giving it to the EMT's.
3. Also administer the following as prescribed: _____
Name of medication/Dosage
4. Treat student for shock until the Rescue Squad arrives:
 - Elevate legs above the level of the heart
 - Keep warm
 - Provide rescue breathing or CPR, as needed.
5. Notify parent.
6. Notify above physician.
7. Document the occurrence on an incident report and medication administration record.
8. Send a copy of the incident report to the CESA #1 School District Nurse in the Special Service Dept.

Please note: Parent/Guardian should contact school if medication or treatment changes during the school year.

NOTE: The 1983 Wisconsin Act 334 states that no school employee except a health care professional may be required to administer a medication to a student by any means other than ingestion. Thus a volunteer person following the above guidelines authorized by the parent/guardian and physician with the following signatures may do the Epi pen administration at school:

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

PHYSICIAN SIGNATURE: _____ Date: _____

(No stamps)