

**MASCONOMET REGIONAL SCHOOL**

20 ENDICOTT ROAD BOXFORD, MASSACHUSETTS 01921  
HS Nurse ext 11010 Fax # 978 887 3287

**HEALTH SERVICES**

Phone number (978) 887-2323  
MS Nurse ext. 20031 Fax #978 887 3287

**SEVERE ALLERGY CAREPLAN 2023-2024**

Student Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Allergy \_\_\_\_\_

PLACE A PICTURE  
OF YOUR CHILD  
HERE.

Type of reaction: Ingestion Contact Inhalation Is your child asthmatic? yes no

Date of Diagnosis \_\_\_\_\_ Date of last reaction \_\_\_\_\_

Has your child ever had a serious reaction? Yes No Date: \_\_\_\_\_

If so, please describe what happened and treatment required: \_\_\_\_\_

**SYMPTOMS OF A SEVERE ALLERGIC REACTION:**

- MOUTH** itching, swelling of lips, tongue, or mouth
- THROAT\*** itching, tightness/closure, hoarseness
- SKIN** itching, hives, redness, swelling
- GUT** nausea, vomiting, cramps, diarrhea
- LUNG\*** shortness of breath, coughing, wheezing
- HEART\*** pale, weak pulse, confused, dizzy, passing out

**OTHER:** \_\_\_\_\_

**If you suspect a severe allergic reaction:**

**1. INJECT EPIPEN or Generic Epinephrine IMMEDIATELY!** (if trained, if not, call for trained staff person to administer)

**2. Call 911**

(State Epinephrine has been given and time given)

3. Notify School Nurse

4. Initiate Medical Emergency Response Protocol

5. Stay with student; have him/her lie down and remain lying down

6. Monitor for further signs of allergic reaction

7. Notify parent/guardian if not already done

**The severity of symptoms can quickly change. \*All above symptoms can progress to a life-threatening situation!**

**Medications/Doses**

Epinephrine Brand: Epi-pen Generic Epinephrine Autoinjector Other \_\_\_\_\_

Epinephrine Dosage: 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Other (e.g. inhaler-bronchodilator if asthmatic): \_\_\_\_\_

**STUDENTS ARE EXPECTED TO CARRY THEIR OWN EPI-PEN AT ALL TIMES. A SECOND EPINEPHRINE AUTO-INJECTOR MUST BE DROPPED OFF IN THE HEALTH OFFICE.**

All medication supplied to health office must come in the original container. The container must specify the student's name, name of prescriber, name of medication, dose, effective date and directions for administration.

Does your child require a peanut/tree nut aware table?    Yes    No

I give my permission for the use of my child's photograph for this purpose and to share medical information with appropriate school related personnel    Yes    No

**EMERGENCY CONTACTS:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone(s) \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Phone(s) \_\_\_\_\_

\_\_\_\_\_

Parent's Signature \_\_\_\_\_ date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ date \_\_\_\_\_

School Nurse Signature \_\_\_\_\_ date \_\_\_\_\_

**EpiPen® Auto-injector  
Directions:**

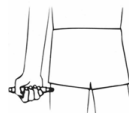
☐

Pull off blue activation  
cap.



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- Hold tip near outer thigh (may be given through clothing).
- Press hard into thigh until it clicks.
- Hold in place and count to 3.
- Remove the EpiPen®; massage the injection area for 10 seconds.



**Generic Epinephrine  
Auto-injector Directions:**

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Remove device from case and  
pull off two blue caps.

- Grasp auto-injector in fist with red tip pointing downward.
- Place red tip against outer thigh at a 90 degree angle.
- Press down hard into thigh and hold firmly for 5 seconds.
- Remove Generic Epinephrine Auto-injector from thigh; massage the injection area for 10 seconds.

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|--|---|
| <b>Auvi-Q Epinephrine Auto-injector</b><br><b>Directions:</b><br><br>☐<br><br>Remove Auvi-Q from outer case. | <ul style="list-style-type: none"><li>• Place black end of Auvi-Q against the middle of the outer thigh.</li><li>• Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.</li></ul> |
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