Lunenburg Public Schools
Allergy Treatment Form
This is a two sided form – please complete both sides

Name:_____**D.O.B:**_____ **Grade:**_____

ALLERGY TO:_____

Asthmatic: (circle one) No *Yes *Higher risk for severe reaction

STEP 1: TREATMENT

Symptoms:

- Mouth: Itching, tingling, or swelling of lips, tongue, mouth
- Skin: Hives, itchy rash, swelling of the face or extremities
- Gut: Nausea, abdominal cramps, vomiting, diarrhea
- Throat**:*** Tightening of throat, hoarseness, hacking cough
- Lung:* Shortness of breath, repetitive coughing, wheezing
- Heart:*Thready pulse, low blood pressure, fainting, pale, blueness
- Other* _____

The severity of symptoms can quickly change. *Potentially life-threatening.

DOSAGE
Epinephrine Dose: auto injector (circle one) 0.3 mg IM 0.15 mg IM

Other medication order:_____
medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

1. Call 911 (Remember to dial 8, then 911) State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Name of Parent/Guardian_____ Telephone_____

3. Other person to be notified in case of emergency
Name _____ Telephone_____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY

Doctor's Signature_____ Date_____
(Required)

Delegation of Epinephrine Administration: Lunenburg Public Schools are registered with the DPH for the limited purpose of permitting unlicensed, properly trained personnel to administer epinephrine by auto injector to students with a diagnosed life-threatening allergic condition when a school nurse (RN) is not immediately available, provided that the conditions defined in 105 CMR 210.100 are met, i.e. training to staff and emergency plan in place.

I have received, reviewed, and understand the above information:

Parent/Guardian Signature_____Date_____

Lunenburg Public Schools
Lunenburg Middle High School
Individualized Healthcare Plan

Name _____ Grade _____

Avoid: ● ● ● ● Previous exposure reactions:	**Prevention:** ● Student will self-advocate in school Yes ☐____(parent initial) ● Student and parent will provide student's own EpiPen for after-school activities ☐____(parent initial) ● Teachers informed about food/insect/other allergy student by nurse ● EpiPens located in: ☐ Health Office ☐ Pack carried with student ● Food Safety reinforced by parent and school: No sharing food or utensils ● Teachers will be offered Life Threatening Allergy and EpiPen training two times per year and as needed ● Student and Parent acknowledge that cafeteria is not peanut or tree nut free ● Bus rules reinforced by parents and school: No eating on the bus ● Treatment Plan attached ● Refer to Life Threatening Allergy Policy 5712
If You Notice This: ● Reported or suspected ingestion ● Hives ● Itchy Skin ● Swelling at sting site-insect reaction ● Hives spreading over body ● Wheezing, difficulty swallowing or breathing ● Swelling of face, ears, lips or neck ● Tingling/swelling of tongue ● Stomach ache/Vomiting/Diarrhea ● Extreme paleness/gray color, clammy skin ● Loss of consciousness	**Do This:** ● Stay with the student and keep them quiet/calm. ● Page nurse and state student's name, state allergic reaction so nurse can bring emergency medication. ● Administer Epinephrine auto injector. ● Call 911 immediately-Tell EMS that epinephrine was given and the time it was given. ● Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side. ● If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose. ● Alert emergency contacts.

Reviewed by Parent/Guardian _____ Date_____

School Nurse _____ Date_____

Physician or Licensed Prescriber_____ Date_____

Updated 6/7/21