STUDENT PHOTO

ALLERGY EMERGENCY CARE PLAN

For School Use Only
Location of Medication: ____________________

San Francisco Unified School District
Student, Family, and Community Support Department
School Health Programs
1515 Quintara Street
San Francisco, CA 94116-1273
Tel: 415.242.2615 | Fax: 415.242.2618

TO BE COMPLETED BY PARENT/CAREGIVER					
Student Name	***DOB***	***School***	***Grade***	***Homeroom Teacher***	***Room***
Parent/Caregiver Name	***Home Phone***	***Cell Phone***	***Email***		

TO BE COMPLETED BY THE HEALTH CARE PROVIDER		
Type(s) of Allergy(ies)	***Name of Health Care Provider***	***Phone***

FOR **ANY** OF THE FOLLOWING

SEVERE SYMPTOMS

[ ] **If checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.**

LUNG
Short of breath, wheezing, repetitive cough

HEART
Pale, blue, faint, weak pulse, dizzy

THROAT
Tight, hoarse, trouble breathing/ swallowing

MOUTH
Significant swelling of the tongue and/or lips

SKIN
Many hives over body, widespread redness

GUT
Repetitive vomiting or severe diarrhea

OTHER
Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION
of mild or severe symptoms from different body areas.

- ☐ **INJECT EPINEPHRINE AUTO-INJECTOR IMMEDIATELY**
- ☐ **Call 911**
- ☐ Alert parents/caregivers
- ☐ If symptoms do not improve, or symptoms return, give a second dose of Epinephrine 5 minutes after first dose
- ☐ Administer CPR if breathing stops

NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.

MILD SYMPTOMS

NOSE – **Itchy, runny**

SKIN – **Rash, itchy**

MOUTH – **Itchy**

- ☐ **Give:** ____________________
  (Medication)
- ☐ **Stay with student**
- ☐ **Watch student closely for changes**
- ☐ **If symptoms worsen, GIVE EPINEPHRINE**
- ☐ **Other**____________________
  ____

I authorize school personnel to implement this Allergy Emergency Plan as described.
I have completed a current (within this school year) medication form FOR EACH medication to be given

Health Care Provider Signature	***Date***

本人同意，為了本人子女的安全和健康著想，學校當局可採取適當行動。本人同意，必要時，學 校當局可與授權的健康護理員聯絡。

家長/看顧人簽名	日期

Notify parent/guardian and document about what happened in the First Aid and Medication Logs.

***By law, a completed and signed current (within this school year) Medication Form must be on file at the school before medication can be administered at school.**

GRAPHICS ADAPTED FROM FOOD ALLERGY RESEARCH & EDUCATION (FARE)