

STUDENT
PHOTO

ALLERGY EMERGENCY CARE PLAN

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

For School Use Only

Location of Medication: _____

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
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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

I give my consent for school authorities to take appropriate action for the safety and welfare of my child. I give my consent to communicate with the authorized health care provider when necessary.

Parent/Caregiver Signature

Date

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)