

Lakeland Christian Academy

Severe Allergy Emergency Action Plan

Child's Name: _____ DOB: _____

ALLERGY TO: _____

Physician Name _____ Office Number _____

Asthma? Yes No Previous anaphylactic reaction? Yes No

Step 1: Treatment

Medication and Dosage

Epinephrine: inject intramuscularly (please circle) EpiPen JR. (0.15 mg) EpiPen (0.3 mg)

Antihistamine: give _____ (medication/dose)

Notes: _____

Step 2: Emergency Contacts

1. 911 will be called if an allergic reaction has been treated with epinephrine.
2. Emergency contacts:

Name:

Phone:

Relationship:

Name:

Phone:

Relationship:

If a parent or guardian cannot be reached, we will not hesitate to medicate or take the student to the emergency room if a severe reaction is occurring.

I, _____, authorize the school's registered nurse or qualified staff to administer epinephrine auto-injector to my child while in attendance at Lakeland Christian Academy if a severe allergic reaction occurs (ex: shortness of breath, wheezing, trouble swallowing, significant swelling, repetitive vomiting, or any combination of these).

Parent signature _____ Date _____

Nurse signature _____ Date _____