

Student's Last Name

First

Middle

Birth date (MM-DD-YY)

Grade/Rm/Trk

School Year

LOS ANGELES UNIFIED SCHOOL DISTRICT
Student Health and Human Services

CONFIDENTIAL HEALTH INFORMATION FOR A STUDENT WITH SEVERE ALLERGIES

To School Personnel: The information below has been completed by the School Nurse from an authorization signed by the student's Physician and Parent/Guardian. Please review this form and initial the appropriate column below.

Special considerations: Student must always be under adult supervision if experiencing an allergic reaction. Student needs special accommodations for medications when going on a field trip.

ALLERGENS

- Peanuts Nuts Milk Shellfish Eggs Fish Other _____
- Insects: Honey bees, yellow jackets, hornets, wasps, or fire ants Other _____
- Latex Medication Chemicals Other _____

* Student should avoid exposure to known allergens. Should exposure occur, follow Allergy Management Action Plan.

SIGNS AND SYMPTOMS OF SEVERE ALLERGIC REACTION

- Breathing difficulty: Wheezing, chest tightness, difficulty swallowing
- Severe swelling: Face, tongue, throat, or around the eyes
- Hives: Redness, sweating, itching (more alarming if on the upper chest, neck, or head)
- Stomach: Nausea, vomiting, diarrhea or abdominal cramps
- General: Apprehension/panic, blue lips, pale, dizzy, convulsions
- Other: _____

ALLERGY MANAGEMENT ACTION PLAN

1. Call for trained personnel to administer physician prescribed medication immediately.
2. Initiate a 911 call by trained personnel if EpiPen is administered.
3. DO NOT move the student or give anything by mouth, except medication ordered by physician. (Give only if student is able to swallow.)

Student has a physician's order for EpiPen medication at school: NO YES

- EpiPen is stored in the health office or _____
- Student self administers EpiPen. (Student has authorization for self administration of EpiPen on file).
- Other medication: _____

FIRST SEMESTER				SECOND SEMESTER			
Period	Teacher	Initial	Date	Period	Teacher	Initial	Date
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
Home Room				Home Room			
Administrator				Administrator			
Counselor				Counselor			
Other				Other			

Original form filed in the Health Record Card

Copy to teacher(s)

TRAINED STAFF MEMBERS

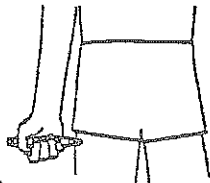
1. _____	Room _____
2. _____	Room _____
3. _____	Room _____

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions



- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.

