

Mercer Island School District 2010-11 Life Threatening Allergy Care Plan

NAME:		Photo:	Severe ALLERGY to:
			Other Allergies:
Please list the specific symptoms the student has experienced in the past:			Asthma? <input type="checkbox"/> Yes (High risk for severe reaction) <input type="checkbox"/> No
School:	Date of Birth:	Grade:	Routine medications (at home/school):
Bus #	Car <input type="checkbox"/>	Walk <input type="checkbox"/>	Date of last reaction:
Location(s) where EpiPen®/Rescue medications is/are stored: <input type="checkbox"/> Health room (required) <input type="checkbox"/> Backpack <input type="checkbox"/> On Person <input type="checkbox"/> Coach <input type="checkbox"/> Other _____			

Allergy Symptoms: If you suspect a severe allergic reaction, immediately ADMINISTER Epinephrine and call 911

MOUTH	Itching, tingling, or swelling of the lips, tongue, or mouth
SKIN	Hives, itchy rash, and/or swelling about the face or extremities
THROAT	Sense of tightness in the throat, hoarseness, and hacking cough
GUT	Nausea, stomachache/abdominal cramps, vomiting, and/or diarrhea
LUNG	Shortness of breath, repetitive coughing, and/or wheezing
HEART	“Thready” pulse, “passing out,” fainting, blueness, pale
GENERAL	Panic, sudden fatigue, chills, fear of impending doom
OTHER	Some students may experience symptoms other than those listed above

MEDICATION ORDERS

EpiPen® (0.3) <input type="checkbox"/>	EpiPen Jr.® (0.15) <input type="checkbox"/>	Side Effects:
Benadryl concurrent with EPI: <input type="checkbox"/> Yes <input type="checkbox"/> No		Dose: <input type="text"/>
Repeat dose of EpiPen®: <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, when:
Asthma Tx: (_____) Inhaler 1-2 puffs every 4-6 hours as needed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Side Effects:
♦ It is medically necessary for this student to carry an EpiPen®/Inhaler during school hours.		<input type="checkbox"/> Yes <input type="checkbox"/> No
♦ Student has been trained by and demonstrated appropriate use of EpiPen and Inhaler to LHCP		<input type="checkbox"/> Yes <input type="checkbox"/> No
♦ Student may, per LHCP direction, self-administer EpiPen®/Inhaler.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed Health Care Provider's Signature:		Date:
Licensed Health Care Provider's Printed Name:		Phone: Fax Number:

ACTION PLAN

- **GIVE MEDICATION AS ORDERED ABOVE. AN ADULT IS TO STAY WITH STUDENT AT ALL TIMES.**
- ♦ **NOTE TIME** _____ AM/PM (EpiPen®/adrenaline given) ♦ **NOTE TIME** _____ AM/PM (Antihistamine given)
- **CALL 911 IMMEDIATELY. 911 must be called WHENEVER EpiPen® is administered and 911 transport to hospital**
- **DO NOT HESITATE to administer EpiPen® and to call 911.**
- Advise 911 student is having a severe allergic reaction and EpiPen® is being administered.
- An adult trained in CPR is to stay with student—monitor and begin CPR if necessary.
- Call the School Nurse and Administrator **at** _____
 - ♦ Student should remain with a staff member trained in CPR at the location where symptoms began until EMS arrives.
 - ♦ Notify the parent/guardian.
 - ♦ Dispose of used EpiPen® in “sharps” container or give to EMS along with a copy of the Care Plan

Name: _____

Individual Considerations

Bus –Transportation should be alerted to student’s allergy.

- ◆ This student carries EpiPen®/Inhaler on the bus: Yes No
- ◆ EpiPen®/Inhaler can be found in: Backpack Waistpack On Person
- ◆ Student will sit at front of the bus: Yes No

Field Trip Procedures – EpiPen® should accompany student during any off campus activities.

- ◆ Student should remain with the teacher or parent/guardian during the entire field trip: Yes No
- ◆ Staff members on trip must be trained regarding EpiPen® use and student health care plan (plan must be taken).

CLASSROOM –For Food allergy only

- Those approved by parent.
- Middle school or high school student will be making his/her own decision.
- Alternative snacks must be provided by parent/guardian to be kept in the classroom.
- Parent/guardian should be advised of any planned parties as early as possible.
- Classroom projects should be reviewed by the teaching staff to avoid specified allergens.

CAFETERIA

- NO Restrictions**
- Student must sit at a specified allergy table. The allergy table will be cleaned with a clean cloth prior to and between lunches.
- ◆ Cafeteria manager should be alerted to the student’s allergy.

EMERGENCY CONTACTS

1.	Relationship:	Phone:
2.	Relationship:	Phone:
3.	Relationship:	Phone:
4.	Relationship:	Phone:

- ◆ I request this medication to be given as ordered by the licensed health care provider.
- ◆ I give Health Services Staff permission to communicate with the medical office about this medication. I understand the medication(s) will not necessarily be given by a school nurse (designated staff will be trained and supervised).
- ◆ Medical/Medication information may be shared with school staff working with my child and 911 staff, if they are called.
- ◆ All medication supplied must come in its originally provided container with instructions as noted above by the licensed health care provider.
- ◆ I request and authorize my child to carry and/or self-administer their medication. _____ Yes _____ No
- ◆ This permission to possess and self-administer an EpiPen®/Inhaler may be revoked by the principal/school nurse if it is determined that your child is not safely and effectively able to self-administer.
- ◆ Hold Harmless Agreement per state law, MISD Student Policy # 3419, on page 3, must be signed and submitted to the school with this care plan.

Parent/Guardian Signature	Date
Student demonstrated to LHCP the skill necessary to use the medication and any device necessary to self-administer the medication: Yes: ___ No ___ if not, this student may not self carry nor self administer their rescue medication. Expiration date of EPI pen _____ Inhaler: _____	
School Nurse Signature:	Date

A copy of the Health Care Plan will be kept in the substitute folder and given to all staff members who are involved with the student.

MISD Student Policy # 3419, Hold Harmless Agreement, must be submitted to your student’s school if your child self carries and has been trained (by the physician) to self deliver EPI or Asthma rescue medication per Physician orders.

Name: _____

Mercer Island School District

AGREEMENT FOR SELF-ADMINISTRATION OF ASTHMA AND ANAPHYLAXIS MEDICATION

Students are authorized to carry and use medication for asthma or anaphylaxis during the school day, during school-sponsored events or while traveling to and from school or school sponsored activities only if the following conditions are met:

1. The **parent or legal guardian must sign a written request** (medication authorization form) for the student to self-administer medication for asthma or anaphylaxis, and that the student has been trained to administer his or her own emergency medication;
2. A **health care provider (HCP) has prescribed** the medication for use by the student during school hours, and that the **HCP has given the student instructions** in the correct, safe and effective method to use the medication;
3. The **student demonstrates to the health care provider** the skill necessary to use the medication and the device necessary to administer the medication;
4. **The student demonstrates to the registered nurse at the school** the skill necessary to use the medication and the device necessary to administer the medication;
5. The **student will** at all times **store and utilize the medication in a safe and effective manner** or the privilege of carrying and self-administration of the medication may be modified or revoked by the principal in consultation with the school registered nurse;
6. The **HCP provides a written treatment plan** for managing the asthma or anaphylaxis episodes of the student and for use of medication during school hours. The treatment plan, together with the medication authorization, should include detailed instructions about the medication administration and the situations for which the rescue medication(s) should be used;
7. The parent/guardian or student (if over 18) must **sign a statement (below) acknowledging that the district shall incur no liability** as a result of any injury arising from the self-administration of medication by the student.

AGREEMENT OF EXEMPTION			
Student name: _____			
The parents/guardians/(18 year old student) shall hold harmless and indemnify the school and Mercer Island School District's officers, employees, and agents against all claims, judgments, or liabilities arising out of the self-administration and carrying of medication by their student/self:			
_____	_____	_____	_____
(Parent/Guardian)	(Date)	(School Nurse)	(Date)
_____	_____		
(Student, if 18 years old)	(Date)		

MISD Student Policy # 3419, Hold Harmless Agreement, must be submitted to your student's school if your child self carries and has been trained (by the physician) to self deliver EPI or Asthma rescue medication per Physician orders.