



Food Allergy Emergency Health Plan

Name: _____ D.O.B: _____ Grade/Room: _____

Allergic to: _____ Weight: _____ Provider: _____

Does the student have asthma? [] Yes (higher risk for a severe reaction) [] No

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

[] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

Table with 2 columns: SEVERE SYMPTOMS and EMERGENCY PROCEDURE. Rows include LUNG, HEART, THROAT, MOUTH, SKIN, GUT, and OTHER symptoms, followed by a 6-step emergency procedure for severe symptoms.

Table with 2 columns: MILD SYMPTOMS and PROCEDURE. Rows include NOSE, MOUTH, SKIN, and GUT symptoms, followed by a 4-step procedure for mild symptoms.

EMERGENCY MEDICATIONS section containing fields for Epinephrine, Antihistamine name, and Other (ex. inhaler) with associated side effects and expiration dates. Includes a checkbox for self-carry and self-administer.

Parent/Guardian Authorization Signature Date Physician/HCP Authorization Signature Date

I agree to allow my child to transport the medication package (filled or empty) to and from school for the purpose of maintaining medication needed at school for administration and bringing home medication at the end of the school year. Please check: [] YES OR [] NO

I hereby authorize the school district staff members to take whatever action in their judgment may be necessary in supplying emergency medical services consistent with this plan, including the administration of medication to my child. I also hereby authorize the school district staff members to disclose my child's protected health information to chaperones and other non-employee volunteers at the school or at school events and field trips. Please note that for the safety of the student, all staff members will be made aware of the student's allergy. I hereby give my permission to school personnel to give this medication to my child according to the directions stated above and to contact the child's practitioner if necessary. I further agree to hold the Appleton Area School District and above person harmless in any and all claims arising from the administration of this medication at school. I agree to notify the school in writing when any change in the above order is necessary. Revised 05/2016