

Bellevue Children's Academy & Willows Preparatory School

LIFE-THREATENING ALLERGY - Emergency Care Plan

2022-2023

Must be completed with a Licensed Healthcare Provider

Student's Name:	D.O.B.:				
Life-Threatening Allergies:					
Other Allergies:					
Asthma: Yes* No No *High Risk for severe reaction					
Additional Information (previous symptoms & date of last reaction; treatment given):					

Allergic reaction triggered by: □ Eat □ Touch □ Smell

SIGNS OF AN ALLERGIC REACTION:

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

EMERGENCY PLAN

Medication Orders – This section to be completed by a licensed healthcare provider (LHP):

Specify under which circumstances to activate emergency plan (symptoms, any suspected exposure to allergen): _____

- **1. Give Epinephrine auto-injector: 0.3 mg 0.15 mg** injected in outer thigh IMMEDIATELY! Repeat dose of Epinephrine auto-injector, if available: **1** Yes **1** No If "Yes," when:
- **2.** Stay with student. (Note time when epinephrine was administered: _____)
- **3. CALL 911** Advise Emergency Services that student has been given Epinephrine for a severe allergic reaction
- 4. Notify parent/guardian and school nurse

Parent/guardian phone number: (____) ______

5. After Epi auto-injector is given, give additional medications (antihistamines, albuterol, other):

Medication name: ______ Strength/Dosage: _____ Route: _____

Additional information: _____

TURN PAGE TO SIGN ->

It is medically necessary for this student to self-carry epinephrine during school hours:
Yes No

This student has demonstrated correct Epi auto-injector use to LHP and may carry and self-administer Epi auto-injector: Yes No

Health Care Provider's Name (please print):	Phone:
Health Care Provider's Signature (Required): _	Date:

Parent/Guardian Consent (please read carefully):

 \Box I request that authorized school personnel assist my child to take the medication(s) described above. (If no box is checked, this option is the default.)

 \Box I give my permission for this medical information to be shared with school staff on a "need to know" basis

□ I request that my child be permitted to self-administer the medication(s) described above. I will hold harmless and indemnify BCA/WPS and its employees and personnel against all claims or liability arising out of the student's self-administration or carrying of medication.

□ I am at least 18 years old and sign this form on my own behalf (RCW. 26.28.015 or RCW 70.02.130).

My signature indicates my permission for the exchange of information between school staff and the healthcare provider, and my understanding is that BCA/WPS and its staff will not incur any liability for any injury when the medication is administered in accordance with the healthcare provider's direction and Washington law. I understand this is a plan for a life-threatening condition and can only be discontinued, in writing, by a healthcare provider.

The permission to possess and self-administer medication may be revoked by the head of school or school nurse if it is determined that your child is not safely and effectively possessing and self-administering medication.

** It is strongly recommended that extra medication be provided and stored at the office. **

Parent/Guardian Name:	Phone:
Parent/Guardian Signature:	Date:

	Emergency Contacts		Trained Staff Members
1.		1.	
	Relation:		Room:
	Phone:	2.	
2.			Room:
	Relation:	3.	
	Phone:		Room:
3.			
	Relation:		
	Phone:		



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1. Form fist around EpiPen[®] and PULL OFF BLUE SAFETY RELEASE

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2. Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)

1

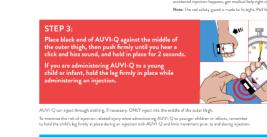
2

3

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HOW TO GIVE AUVI-Q®





STEP 4: nstruct patients to seek emergency medical attention immediately ifter use, as AUVI-Q is not a replacement for definitive medical care

3. PUSH DOWN HARD until a click is heard or felt and hold for 3 seconds