Williamson County Schools

Student Allergy & Anaphylaxis History

(This form must be signed by parent &submitted annually with an allergy & anaphylaxis plan)

Student Name: ___________________________ DOB: _____________ Grade/Teacher: __________________

ALLERGY TO: ____

Allergy is by: ☐Contact (Touch) ☐Ingestion ☐Inhalation (medical documentation needed)

Describe the allergy in more detail (i.e., to peanuts, by-products, oils) _________________________________

____

History of anaphylactic reaction: ☐ Yes ☐No

Dates, symptoms, medications given for past reactions: ____

____

Yes	No/NA	School Safety Requests (Elementary Only)
		I request my student to sit at the Allergy Alert table/area in the cafeteria. Students may not travel back and forth between the Allergy Alert table/area and regular table.
		Student should only eat lunch/snacks provided by the parent/guardian.
		I request that a food allergy awareness letter be sent to classroom parent(s)/guardian(s).

PARENT/GUARDIAN'S AUTHORIZATION (Required)

I agree at any time during the school year if my child's allergy, health care plan/medications change or I have additional concerns, I will notify and meet with the school nurse immediately.

I give permission for the medication(s) listed on the allergy & anaphylaxis plan to be administered in school by the nurse or other trained personnel. I consent to communication between the school nurse and prescribing health care provider or clinic to discuss disease management and administration of the medication(s). The undersigned parent/guardian hereby agrees to exempt and release the school district and its directors, officers, employees, volunteers, and agents from any and all liability, claims, demands, or actions whatsoever arising out of any damage, loss, or injury that my student or I/we might sustain or which they now have or may hereafter have arising out of the administration of this medication.

Parent/Guardian's Signature____ **Date**________________________

Parent/Guardian's Name (Print)____ **Phone**______________________

Date of Plan: ______________

Allergy and Anaphylaxis Emergency Plan

Student's Name: ______________________ Date of Birth: ___________ Age: ____ Weight: _____ pounds (____ kg)
Student's School System: ______________________________ Student's School: ________________________________
Student has allergy to ______________________________
Student has asthma ☐ Yes (If yes, higher risk for severe reaction) ☐ No
Student has had anaphylaxis ☐ Yes ☐ No
Student has received instruction and has permission to self-carry epinephrine and use independently ☐ Yes ☐ No

IMPORTANT REMINDER: Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, use epinephrine.

For **ANY** of the following **SEVERE SYMPTOMS OR A COMBINATION** of symptoms from different body areas

- Shortness of breath, wheezing, or coughing
- Pale or bluish skin, weak pulse, fainting or dizziness
- Tight or hoarse throat, trouble breathing or swallowing
- Swelling of lips or tongue that bothers breathing
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness or agitation
- Repetitive vomiting or severe diarrhea

☐ **SPECIAL SITUATION:** If this box is checked, student has an extremely severe allergy to an insect sting or the following food(s): ____________________. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine.**

↓

1. Inject epinephrine right away!
Note time when epinephrine was given.

2. Call 911.
- Ask for ambulance with epinephrine.
- Tell rescue squad when epinephrine was given.

3. Stay with Student and:
- Call parents and student's healthcare provider.
- If symptoms get worse or continue after 5 minutes, give a second dose of epinephrine.
- Keep student lying on back. If the student vomits or has trouble breathing, keep child lying on his or her side.

4. Give other medicine (if applicable) following epinephrine
- Antihistamine
- Inhaler/bronchodilator if wheezing

MILD SYMPTOMS

- Itchy or runny nose, sneezing
- Itchy mouth
- Mild nausea or discomfort
- A few hives, mild itchy skin

MONITOR STUDENT

- Stay with student and watch him or her closely.
- Give antihistamine (if listed below).
- Call parents.

If more than 1 symptom or severe allergy anaphylaxis symptoms develop, use epinephrine.

MEDICATION/DOSES

Epinephrine, intramuscular (list type):
____

Epinephrine Dose: ☐ 0.1 mg
☐ 0.15 mg
☐ 0.3 mg

Antihistamine, by mouth (list type): _______________
Antihistamine Dose: ______________________________
Other (e.g., inhaler/bronchodilator if child has asthma):
____

EMERGENCY CONTACTS

Healthcare Provider: __________________________
Phone: ____________________________________
Parent/Guardian: _____________________________
Phone: ____________________________________
Other Emergency Contact Name/Relationship:
____
Phone: ____________________________________

_________________________________ Parent/Guardian Authorization Signature
___________ Date
_______________________________ Physician/HCP Authorization Signature
___________ Date