

**Saugus Union School District  
Allergy/Anaphylaxis Action Plan, Physician's Orders**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_  
 Allergy: \_\_\_\_\_

Ingestion of \_\_\_\_\_  residue from \_\_\_\_\_  inhalation of \_\_\_\_\_

Reaction(s) previously noted: \_\_\_\_\_

Student has required: Epinephrine for previous allergic reaction  yes  no

Antihistamine for previous allergic reaction  yes  no

Asthma diagnosis:  yes\*  no \*Denotes higher risk for severe anaphylactic reaction.  Meds at school for asthma

**PHYSICIAN'S ORDERS AND ALLERGY/ANAPHYLAXIS ACTION PLAN**

**Signs/Symptoms of a Mild Allergic Reaction: GIVE ANTIHISTAMINE.**

- Red, watery eyes, sneezing, runny nose
- Rash, hives, redness or swelling in localized area, itching
- Itchy/tingling mouth, throat or tongue **WITH NO OTHER SYMPTOMS**

Antihistamine: \_\_\_\_\_ For: \_\_\_\_\_  
(Medication name / dosage amount / route / frequency) (Indication)

Side Effects: \_\_\_\_\_

*If antihistamine is given for allergen exposure, parent must be called to pick student up from school.*

**Signs/Symptoms of a Severe Allergic Reaction/Anaphylaxis: GIVE EPINEPHRINE.**

- Difficulty breathing, wheezing, repetitive or hacking cough
- Tightness in the throat, hoarseness, difficulty swallowing or drooling
- Swelling of the face, neck or tongue
- Confusion, weakness, dizziness, fainting or loss of consciousness (in association with above symptoms or with known exposure)
- Vomiting (in association with above symptoms or with known exposure)

*The severity of symptoms can quickly change. All of the above symptoms can potentially progress to a life threatening situation.*

**Epinephrine auto injector\*: Inject into lateral thigh muscle.**

\* Unlicensed school personnel may only give Epinephrine by auto injector, per Ed Code 49423

Epinephrine 0.15 mg via auto injector  Epinephrine 0.3 mg via auto injector

For: \_\_\_\_\_ Side Effects: \_\_\_\_\_  
(Indication)

1. Staff will immediately call 911 when treating with Epinephrine and immediately call parent/guardian or emergency contacts.
2. Contact District Nurse.
3. If allergy is to insect sting, remove the stinger as soon as possible with the bee sting remover card and apply ice pack to sting area.
4. Epinephrine medication must go on all field trips; carried by parent or medication-trained staff member.

Physician Printed Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Date: \_\_\_\_\_

↑ Physician's office stamp ↑

**PARENTAL CONSENTS**

**Medication(s) prescribed is/are for current school year only.**

I (parent) authorize personnel of the Saugus Union School District to assist my child with physician-prescribed medications to conform to California Ed. Code Section 49423. I authorize school staff to contact student's physician for clarification of orders. I authorize SUSD to share this allergy information with the food services vendor.

**Seating Preference: Any change needs to be made in writing through the Health Office.**

- I prefer that my child is seated away from those students having his/her food allergen:
- I have no preference as to where my child is seated while eating and assume liability.

<input type="checkbox"/> I student buffer at end of table <input type="checkbox"/> Separate table (if available)
---------------------------------------------------------------------------------------------------------------------

Parent Printed Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Date: \_\_\_\_\_