

HALLSVILLE INDEPENDENT SCHOOL DISTRICT
ALLERGY EMERGENCY ACTION PLAN

Attach a copy of the green card
to the allergy action plan.

Student Name: _____ School ID #: _____

Physician: _____ Hospital of Choice: _____

Identify your child's allergen (specific foods, insects, etc.) _____

Does your child have asthma? Yes No Is there a current asthma action plan filed with the
campus nurse? Yes No

Signs and Symptoms associated with your child's allergic reaction: *(circle all that apply)*

- Mouth itching, tingling, or swelling of lips, tongue mouth
- Skin Hives, itchy rash, swelling of face of extremities
- Stomach Nausea, abdominal cramps, vomiting diarrhea
- Throat* Tightening of throat, hoarseness, hacking cough
- Lung* Shortness of breath, repetitive coughing, wheezing
- Heart* Thready pulse, low blood pressure, fainting, pale, blueness

**Potentially life-threatening. The severity of symptoms can quickly change.*

Epinephrine: inject intramuscularly
 EpiPen® EpiPen Jr.® Twinject™ 0.3mg Twinject™ 0.15 mg

Antihistamine: Give _____
medication/dose/route

Other: Give _____
medication/dose/route

9-1-1 will be called automatically if EpiPen® is administered.

SELF-CARRY ADMINISTRATION OF MEDICATION AUTHORIZATION

Student Name: _____ Date of Birth: _____

Condition for which medication is administered: _____

Name of medication: _____ Dose: _____

Indication for administration of medication: _____

It is my opinion, the above student shows capability to carry and self-administer the above medication.

Physician's Signature Date: _____

I request that my child, named above, be permitted to carry and/or self-administer the above ordered medication. I take responsibility for this permission. I understand that all carried medications must be in line with HISD medication policy. I also understand that the privilege of carrying medication on my child's person may be revoked at the signs of irresponsibility or if there is a reported safety risk. In the event that a safety risk has been determined, the parent will be contacted immediately by an administrator.

Parent's Signature Date: _____