



**LACEY TOWNSHIP SCHOOL DISTRICT**  
**OFFICE OF SPECIAL SERVICES**

*A Tradition Of Pride · A Tradition Of Excellence*

**JOSEPH R. BOND**  
DIRECTOR OF SPECIAL SERVICES

**Food Allergy Action Plan**

Student's name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Teacher \_\_\_\_\_

**Allergy to:** \_\_\_\_\_

Documented episode of anaphylaxis: Yes \_\_\_\_\_ No \_\_\_\_\_

Asthmatic? Yes\* \_\_\_ No \_\_\_ \*Higher risk for SEVERE reaction

My child displays the following symptoms: \_\_\_\_\_

**Step 1: Treatment**

-If a food allergen has been ingested by no symptoms	___epinephrine	___antihistamine
-Swollen, itchy or tingling tongue, lips or mouth	___epinephrine	___antihistamine
-Hives, itchy rash, swelling of face and or extremities	___epinephrine	___antihistamine
-Tightening of throat, hoarseness, hacking cough	___epinephrine	___antihistamine
-Shortness of breath, wheezing, repetitive coughing	___epinephrine	___antihistamine
-Pallor, blueness, thready pulse, low blood pressure, fainting	___epinephrine	___antihistamine
-Stomach cramps, vomiting, nausea, diarrhea	___epinephrine	___antihistamine
-Other _____	___epinephrine	___antihistamine
-If reaction progressing (several of the above areas affected)	___epinephrine	___antihistamine

**Dosage:** Epinephrine (circle one)

Epipen 0.3 mg    EpiPen Jr. 0.15 mg    Twinject 0.3mg    Twinject 0.15 mg    AuviQ

Antihistamine: give \_\_\_\_\_

Other: give \_\_\_\_\_

**Step 2: Emergency Calls**

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Call Parent \_\_\_\_\_ Phone \_\_\_\_\_
3. Notify administrator

Student's name \_\_\_\_\_

## **Delegate Only**

### **Step 1: Treatment**

Administer EPINEPHRINE intramuscularly for the following symptoms:  
(Delegate **CANNOT** administer benadryl)

-Swollen, itchy tongue, lips or mouth	Yes_____	No_____
-Hives, swelling of face and or extremities	Yes_____	No_____
-Tightening of throat, hoarseness, hacking cough	Yes_____	No_____
-Shortness of breath, wheezing, coughing	Yes_____	No_____
-Pallor, blueness, thready pulse	Yes_____	No_____
-Stomach cramps, vomiting	Yes_____	No_____
-Other _____	Yes_____	No_____
-If reaction progressing (several of the above areas affected)	Yes_____	No_____

### **See first page for Step 2: Emergency Calls**

Emergency contacts \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Students physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_

The policy for the administration of medication to a pupil shall provide that the school nurse will have the primary responsibility for the administration of Epinephrine. The school nurse may designate, in consultation with the Lacey Township BOE, another employee of the school district

to administer Epinephrine to a student with anaphylaxis when the school nurse is not physically present at the scene. The district shall incur no liability as a result of any injury arising from the administration of a pre-filled auto-injector containing epinephrine to a pupil.

I, the parent or guardian, understand that this information will only be shared with appropriate staff members on a need to know basis

**These orders are effective for this school year only and must be renewed annually.**

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

(required)

Physicians office Stamp: