



BERRYESSA UNION SCHOOL DISTRICT ALLERGY HEALTH PLAN SCHOOL YEAR \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gr: \_\_\_\_\_ School: \_\_\_\_\_

Student Allergies: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Asthma [ ]Yes [ ]NO

Allergy symptoms \_\_\_\_\_ Last reaction date \_\_\_\_\_ mild/mod/severe

Field Trips: A cell phone, medication, & consent forms must accompany student. Staff notify School Nurse for training in advance.

PARENT: PROVIDE 2 EPI-PENS: 1 IN CLASSROOM OR CARRIED BY STUDENT & 1 IN HEALTH OFFICE.

I request that my child be allowed to take medication at school according to instruction from his physician. I understand it is my responsibility to bring the medication in the original pharmacy contained labeled with student name, medication, dosage and directions (Ed Code 49423). I authorize school personnel to assist with this medication for my child as ordered by the physician. I understand trained, non-medical personnel may assist with or administer medication (Ed Code 49423 and 49480). I consent to communication and exchange of information between BUSD and my Health Care Provider.

Parent/Guardian Signature/Date \_\_\_\_\_ Print Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_ 2nd Phone(reachable #) \_\_\_\_\_

\*This form must be renewed annually, and if there is any change in treatment or medication during the school year.

PHYSICIAN: COMPLETE THIS SECTION, CIRCLE REQUIRED MEDS, REVIEW & SIGN BELOW

Epinephrine Injector CIRCLE DOSE: Epipen 0.15mg / Auvi-Q 0.15 mg Epipen .30mg / Auvi-Q 0.30 mg

\*Antihistamine Give by mouth: CIRCLE DOSE: Benadryl (Diphenhydramine): 12.5 mg = 5ml or 25 mg = 10 ml or 37.5 mg = 15 ml

\*Inhaler: Circle Type: Albuterol or Levalbuterol CIRCLE DOSE: 2 puffs or 4 puffs every \_\_\_\_\_ hours for \_\_\_\_\_ symptoms

Additional instructions: \_\_\_\_\_

<b>SEVERE SYMPTOMS:</b> After Suspected Ingestion/Exposure	<b>ACTIONS TO TAKE:</b> Recognize severe symptoms
<p><b>Must have one or more of the following:</b></p> <p><b>LUNG:</b> Difficulty breathing, Wheezing, Difficulty Talking, Repetitive cough</p> <p><b>HEART:</b> Pale, blue, faint, dizzy, weak, pulse</p> <p><b>THROAT:</b> Tight, hoarse, trouble breathing/swallowing</p> <p><b>MOUTH:</b> Significant swelling of Tongue and Lips</p> <p><b>SKIN:</b> Many hives over body, widespread redness</p> <p><b>G.I.:</b> Repetitive vomiting or severe diarrhea</p> <p><b>OTHER:</b> Feeling something bad is about to happen, Anxiety, confusion</p> <p><b>OR multiple symptoms from different body areas.</b></p>	<ol style="list-style-type: none"> <li><b>1. INJECT EPINEPHRINE (EPI-PEN) IMMEDIATELY</b> *Use Epinephrine (Epi-Pen) per MD orders.</li> <li><b>2. STAY WITH STUDENT &amp; OBSERVE STUDENT</b></li> <li><b>3. Keep student horizontal with legs raised/elevated.</b></li> <li><b>4. Turn on side if nausea/vomiting.</b></li> <li><b>5. Call 9-1-1 and Parents.</b> Tell Paramedic Epi-Pen was given, note time and transport location.</li> <li><b>6. Give additional medications if ordered by MD/HCP only.</b></li> <li><b>7. If breathing stops at any time, start CPR.</b></li> </ol> <p>*Antihistamines and inhalers are not to be depended upon to treat severe reaction (anaphylaxis).</p>

ANTI-HISTAMINE INSTRUCTIONS--Only for mild symptoms (see below)

<b>MILD SYMPTOMS ONLY</b>	<b>ACTIONS TO TAKE--ANTIHISTAMINE INSTRUCTIONS</b>
<p><b>MOUTH:</b> Itchy mouth</p> <p><b>NOSE:</b> Itchy, runny nose, sneezing</p> <p><b>SKIN:</b> A few hives, mild itch</p> <p><b>G.I.</b> Mild nausea, discomfort</p>	<ol style="list-style-type: none"> <li>1. Give antihistamine. Stay with student.</li> <li>2. Alert office and parent/emergency contacts.</li> <li>3. If symptoms become severe, use epi-pen &amp; call 911.</li> <li>4. Monitor, observe, note time when meds are given.</li> </ol>

EPINEPHRINE (EPI-PEN) TRAINING VIDEO: <http://www.youtube.com/watch?v=pgvnt8YA7r8>

**1 Prepare**  
Remove the EpiPen Jr® Auto-Injector from the carrier tube and grasp the auto-injector in your fist with the orange tip pointing downward. Remove the blue safety release by pulling straight up without bending or twisting it.

**2 Administer**  
Swing and firmly push the orange tip against the outer thigh so it "clicks." Hold firmly against the thigh for approximately 10 seconds to deliver drug.

**3 Finalize**  
Remove the auto-injector from the thigh and massage the injection area for 10 seconds. The orange tip will extend to cover the needle. Seek emergency medical attention right away.

**Auvi-Q™ Administration Guide**

Pull cartridge from case.

Pull off **RED** Safety Guard

Place **BLACK** end against outer thigh, then press firmly and hold for 5 seconds.

Physician signature +stamp Date \_\_\_\_\_ MD phone # \_\_\_\_\_ Trained Staff Sign Date \_\_\_\_\_ Trained Staff Sign Date \_\_\_\_\_