ORCHARD PARK CENTRAL SCHOOL DISTRICT
STUDENT EMERGENCY CARE PLAN (ECP) FOR
FOOD ALLERGIES

Students Name: ___________________________ DOB__________________

Teacher: _________________________________ Grade: _______ HR#:_____

IF YOU SEE: (SYMPTOM OF AN ALLERGIC REACTION IT MAY INCLUDE ANY/ALL OF THE THESE)
• MOUTH Itching & swelling of lips, tongue or mouth, mouth “feels hot”
• THROAT Itching, tightness in throat, hoarseness
• SKIN Hives, itchy rash, swelling of face and extremities
• STOMACH Nausea, abdominal cramps, vomiting, diarrhea
• LUNG Shortness of breath, repetitive cough, wheezing
• HEART Weak or “thready pulse”
• NEURO Confusion, loss of consciousness, “passing out”

(The severity of symptoms can change quickly – it is important that treatment is given immediately.)

DO THIS: Administer medications as indicated below

THIS SECTION TO BE COMPLETED & SIGNED BY STUDENT’S PHYSICIAN

ALLERGY TO: __________________________________________________________________________

IF YOU SEE SYMPTOMS AS OUTLINED ABOVE DO THIS:

☐ EpiPen ___ mg ☐ EpiPen Jr. ___ mg

Instructions: ________________________________________________________________

________________________________________________________________________________________

Other Medication: ________________________________________________________________

________________________________________________________________________________________

Asthmatic: YES or NO (circle one)

________________________________________________________________________________________

Physician’s Signature ____________________________ Date ______________

IF INGESTION OR SUSPECTED INGESTION OF ALLERGEN OCCURS, SYMPTOMS ARE PRESENT
AND EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY IN LESS THAN FIVE
MINUTES AND CALL 911. ASK FOR ADVANCED CARDIAC LIFE SUPPORT, NOTE TIME OF DOSE
OF EPINEPHRINE. IF NO RESPONSE OR WORSENS, AFTER 10 MINUTES, REPEAT DOSE.

• Epinephrine provides a 20 minute response window.
• After Epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response.
• Students receiving epinephrine should be transported to the hospital.
• A staff member should accompany the student to the emergency room if the parent, guardian or
emergency contact is not present and adequate supervision for other students is available. If on field
trip, in addition to performing above, notify parent and school nurse.
3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the Epi-Pen® unit and massage the injection area for 10 seconds.

4. Once the Epi-Pen® is used, call the Rescue Squad. State additional epinephrine may be needed. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

NOTE: For children with multiple allergies, consider providing separate Action Plans for different foods/allergens.
Students Name: ___________________________ DOB: ______________

Teacher: ___________________________ Grade:_______ HR#: _______

IF YOU SEE: (SYMPTOM OF AN ALLERGIC REACTION IT MAY INCLUDE ANY/ALL OF THESE)

- MOUTH   Itching & swelling of lips, tongue or mouth, mouth “feels hot”
- THROAT  Itching, tightness in throat, hoarseness
- SKIN    Hives, itchy rash, swelling of face and extremities
- STOMACH Nausea, abdominal cramps, vomiting, diarrhea
- LUNG    Difficulty breathing, cough, wheezing
- HEART   Weak or “thready pulse”, “passing out”
- OTHER   Generalized swelling, hives other than at sting site, sense of impending doom

(The severity of symptoms can change quickly – it is important that treatment is given immediately.)

DO THIS:

- Remove stinger if visible.
- Rinse contact area with water
- Apply ice to area
- AND Administer medications as indicated below:

THIS SECTION TO BE COMPLETED & SIGNED BY STUDENT’S PHYSICIAN

ALLERGY TO: _______________________________________________________

IF YOU SEE SYMPTOMS AS OUTLINED ABOVE DO THIS:

☑ EpiPen  ___ mg ☐ EpiPen Jr.  ___ mg

Instructions: __________________________________________________________

_______________________________________________________________________

Other Medication: _______________________________________________________

_______________________________________________________________________

Asthmatic:        YES  or  NO  (circle one)

Physician’s Signature ___________________________ Date _________________

IF EPI-PEN GIVEN CALL 911, ASK FOR ADVANCE CARDIAC LIFE SUPPORT AMBULANCE

- Epinephrine provides a 20 minute response window. After Epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response.
- Students receiving epinephrine should be transported to the hospital by an ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is available.
- If on field trip, in addition to above, notify parent and school nurse.

EPI-PEN & EPI- PEN JR DIRECTIONS →
Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the Epi-Pen® unit and massage the injection area for 10 seconds.

Once the Epi-Pen® is used, call the Rescue Squad. State additional epinephrine may be needed. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

### EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off gray activation cap.

2. Hold black tip near outer thigh (always apply to thigh).

### CONTACT:

**Parent/Guardian 1:** __________________________

Call numbers in this order:

1st ____________ 2nd ____________

**Parent/Guardian 2:** __________________________

Call numbers in this order:

1st ____________ 2nd ____________

**Other Emergency Contact:**

1. ______________ Telephone # ____________

2. ______________ Telephone # ____________

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**Parent/Guardian Signature**

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**School Nurse Name** ______________

**Telephone #** ______________

Staff members instructed on this plan:

1. __________________________

2. __________________________

3. __________________________

4. __________________________

5. __________________________

6. __________________________

7. __________________________

8. __________________________

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**NOTE:** For children with multiple allergies, consider providing separate Action Plans for different foods/allergens.
Students Name: ______________________ DOB: ________________

Teacher: ___________________________ Grade: _____ HR#: _____

IF YOU SEE: (SYMPTOM OF AN ALLERGIC REACTION IT MAY INCLUDE ANY/ALL OF THESE)

- MOUTH Itching & swelling of lips, tongue or mouth, mouth “feels hot”
- THROAT Itching, tightness in throat, hoarseness, cough
- SKIN Hives, itchy rash, swelling of face and extremities
- GI Nausea, abdominal cramps, vomiting, diarrhea
- RESP Shortness of breath, repetitive cough, wheezing
- HEART Weak or “thready pulse”, “passing out”
- OTHER Generalized swelling, hives other than at exposure site.
  Sense of impending doom or “something not right”

(The severity of symptoms can change quickly – it is important that treatment is given immediately.)

DO THIS:

- Rinse contact site with water
- AND Administer medications as indicated below:

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THIS SECTION TO BE COMPLETED & SIGNED BY STUDENT’S PHYSICIAN

ALLERGY TO: ____________________________________________________________

IF YOU SEE SYMPTOMS AS OUTLINED ABOVE DO THIS:

- [ ] EpiPen ___ mg
- [ ] EpiPen Jr. ___ mg

Instructions: ____________________________________________________________

_____________________________________________________________________

Other Medication: _________________________________________________________

_____________________________________________________________________

Asthmatic: YES or NO (circle one)

__________________________________________

Physician’s Signature Date

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IF CONTACT WITH ALLERGEN OCCURS, SYMPTOMS ARE PRESENT AND EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND CALL 911. ASK FOR ADVANCED CARDIAC LIFE SUPPORT.

- Epinephrine provides a 20 minute response window. After Epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response.
- Students receiving epinephrine should be transported to the hospital by ambulance.
- A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is available.
- If on field trip, in addition to above, notify parent and school nurse.
Students Name: _________________________

EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off gray activation cap.

2. Hold black tip near outer thigh (always apply to thigh).

3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the Epi-Pen® unit and massage the injection area for 10 seconds.

4. Once the Epi-Pen® is used, call the Rescue Squad. State additional epinephrine may be needed. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple allergies, consider providing separate Action Plans for different foods/allergens.