

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

District to  
Insert  
Child's Photo  
Here

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.

**ORCHARD PARK CENTRAL SCHOOL DISTRICT  
STUDENT EMERGENCY CARE PLAN (ECP) FOR  
FOOD ALLERGIES (Cont'd)**

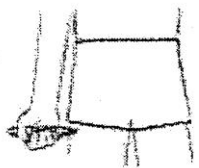
Students Name: \_\_\_\_\_

**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.

***THIS SECTION TO BE COMPLETED & SIGNED BY  
PARENT/GUARDIAN***

**CONTACT:**

**Parent/Guardian 1:** \_\_\_\_\_

Call numbers in this order:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_

Call numbers in this order:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**Other Emergency Contact:**

1. \_\_\_\_\_ Telephone # \_\_\_\_\_

2. \_\_\_\_\_ Telephone # \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature*

***THIS SECTION TO BE COMPLETED  
BY SCHOOL NURSE***

*School Nurse Name* \_\_\_\_\_

*Telephone #* \_\_\_\_\_

Staff members instructed on this plan:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

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

CONFIDENTIAL

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1 of 2

**ORCHARD PARK CENTRAL SCHOOL DISTRICT  
STUDENT EMERGENCY CARE PLAN (ECP) FOR  
BEE STING ALLERGY**

District to  
Insert  
Child's Photo  
Here

Students Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ HR#: \_\_\_\_\_

**IF YOU SEE: (SYMPTON 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 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 →**

**ORCHARD PARK CENTRAL SCHOOL DISTRICT  
STUDENT EMERGENCY CARE PLAN (ECP) FOR  
BEE STINGS (Cont'd)**

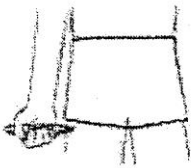
Students Name: \_\_\_\_\_

**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.

***THIS SECTION TO BE COMPLETED & SIGNED BY  
PARENT/GUARDIAN***

**CONTACT:**

**Parent/Guardian 1:** \_\_\_\_\_

Call numbers in this order:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_

Call numbers in this order:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**Other Emergency Contact:**

1. \_\_\_\_\_ Telephone # \_\_\_\_\_

2. \_\_\_\_\_ Telephone # \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature*

***THIS SECTION TO BE  
COMPLETED BY SCHOOL NURSE***

*School Nurse Name* \_\_\_\_\_

*Telephone #* \_\_\_\_\_

Staff members instructed on this plan:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

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

**ORCHARD PARK CENTRAL SCHOOL DISTRICT  
STUDENT EMERGENCY CARE PLAN (ECP) FOR  
EXPOSURE TO LATEX**

District to  
Insert  
Child's Photo  
Here

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, 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:

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

**ALLERGY TO:** \_\_\_\_\_

**IF YOU SEE SYMPTONS AS OUTLINED ABOVE DO THIS:**

EpiPen \_\_\_ mg       EpiPen Jr. \_\_\_ mg

Instructions: \_\_\_\_\_

\_\_\_\_\_

Other Medication: \_\_\_\_\_

\_\_\_\_\_

Asthmatic:      YES      or      NO      (circle one)

\_\_\_\_\_  
Physician’s Signature

\_\_\_\_\_  
Date

**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.

**ORCHARD PARK CENTRAL SCHOOL DISTRICT  
STUDENT EMERGENCY CARE PLAN (ECP) FOR  
EXPOSURE TO LATEX (Cont'd)**

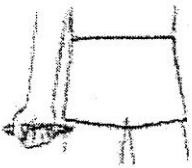
Students Name: \_\_\_\_\_

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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
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***THIS SECTION TO BE COMPLETED & SIGNED BY  
PARENT/GUARDIAN***

**CONTACT:**

**Parent/Guardian 1:** \_\_\_\_\_

Call numbers in this order:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_

Call numbers in this order:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**Other Emergency Contact:**

1. \_\_\_\_\_ Telephone # \_\_\_\_\_

2. \_\_\_\_\_ Telephone # \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature*

***THIS SECTION TO BE  
COMPLETED BY SCHOOL NURSE***

*School Nurse Name* \_\_\_\_\_

*Telephone #* \_\_\_\_\_

Staff members instructed on this plan:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

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