

# LIFE THREATENING (ANAPHYLAXIS) OR SEVERE ALLERGY ACTION PLAN

Health Services Department  
Lincoln Public Schools • Lincoln, Nebraska

Student Name: \_\_\_\_\_ D#: \_\_\_\_\_ Grade: \_\_\_\_\_

ALLERGEN: \_\_\_\_\_ Asthma:  Yes  No

If your student has been medically cleared from their allergy, please check here and sign.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STOP HERE if you checked this box. Return form to Health Office.**

### IDENTIFY THE SPECIFIC SIGNS AND SYMPTOMS OF YOUR STUDENT'S ALLERGIC REACTION:

- Difficulty Breathing       Swelling, Where: \_\_\_\_\_       Flushed or Unusually Pale Skin
- Difficulty Swallowing       Nausea       Other: \_\_\_\_\_
- Loss of Consciousness       Rash, Where: \_\_\_\_\_

Comments: \_\_\_\_\_

### LOCATION

Location of Emergency Medications:  Self     Health Office     Other: \_\_\_\_\_

Contact Parent/Guardian When: \_\_\_\_\_

### PAST HISTORY LIFE THREATENING REACTION:

- |    | Date  | Cause |   |
|----|-------|-------|---|
| 1. | _____ | _____ | <input type="checkbox"/> Epi Pen Administered |
| 2. | _____ | _____ | <input type="checkbox"/> Epi Pen Administered |

MEDICATIONS USED EVERY DAY	DOSE/ROUTE	TIMES/DAY

*LPS form HS0019 (Request to Provide Medications) must be completed for medications administered at school.*

QUICK-RELIEF/RESCUE MEDICATIONS	DOSE/ROUTE	TIMES/DAY

(OVER)

**SUGGESTIONS FOR THE SCHOOL ENVIRONMENT**

List Any Environmental Control Measures or Dietary Restrictions for the Student:

Type of Snacks/Foods to be Offered as Alternatives (if allergic to specific food):

How to Handle Special Events (picnics, field trips, class parties, etc.):

Emergency & School Safety Plan - Please share information for a school evacuation, relocation or lock down situation  
(*ex: Parent will provide an extra epi-pen for the classroom*):

Comments/Special Instructions:

Name of medical provider: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Best contact phone number: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form is requested yearly if your child is affected by a severe allergy.**

- This information is important to keeping your student safe, and providing correct emergency response, at school.
- It is a priority for us to have current emergency contact information for you.
- Written authorization from your student's licensed medical provider is required for medically necessary cares at school (if any needed, including medications). **New authorization is needed for each school year and/or when medical orders change.**
- The school nurse may contact you or your student's licensed medical provider if additional information or clarification is needed for cares at school.
- Information will be shared as appropriate with other school and emergency personnel to benefit your student's safety and success.
- Self-management of Life Threatening (Anaphylaxis) Allergy and/or the carrying of medication requires additional consents. Contact your school nurse.
- If you have questions, please contact the school nurse at your student's school.

**OFFICE USE ONLY**

DATE	ANNUAL REVIEW COMMENTS