

- Business, Education, Technology Academy   
  Rising Scholars Academy of South Texas   
  South Texas Academy for Medical Professions  
 The Science Academy of South Texas   
  **X South Texas Preparatory Academy**   
  South Texas High School for Health Professions

**Anaphylaxis Individual Health Plan**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School Year: **2018-2019**  
 Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_ Date of Plan: \_\_\_\_\_

**Parent / Guardian Contact Information**

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Student's Doctor/Health Care Provider**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Office phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Emergency number if available: \_\_\_\_\_

**Other Emergency Contacts**

1) Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home #: \_\_\_\_\_  
 Work #: \_\_\_\_\_  
 Cell #: \_\_\_\_\_

**To Be Completed By Physician:**

**Indication for use of antihistamine, steroids, or Epi-pen/Epi-pen Jr**

**I. At onset of hives, itching or swelling, take an antihistamine:**

- a. BENADRYL (25 mg tab/syrup) \_\_\_\_\_ by mouth,  
 b. HYDROXYZINE 25 mg/syrup \_\_\_\_\_ by mouth,

\*\*If hives/itching continue may take Benadryl or Hydroxyzine every 4-6 hours.

1. Hives (appearing red, itchy bumps)
2. Generalized itching especially of the palms of the hands, soles of the feet, or the groin area.
3. Swelling of face or body part

**II. At onset of severe rash or swelling take:**

- a. Prednisone \_\_\_\_\_ mg \_\_\_\_\_ tablets by mouth,  
 b. Prelone 15mg/5 ml \_\_\_\_\_ teaspoonful by mouth,  
 c. Orapred ODT \_\_\_\_\_ mg let dissolve on the tongue

\*\*Call your doctor for further instructions.

**IF THE STUDENT EXPERIENCES ANY OF THE FOLLOWING SIGNS OR SYMPTOMS NOTED BELOW, CALL EMS/911. IN ADDITION TO THE STEPS OUTLINED BELOW, REMEMBER THAT LATE REACTIONS CAN OCCUR UP TO 8-12 HOURS AFTER AN INJECTION.**

- I. Use injectable epinephrine (Epi-pen/Epi-pen Jr) and antihistamines if any of the following occur:
  - a. Light-headedness or dizziness;
  - b. Palpitations;
  - c. Shortness of breath or chest tightness;
  - d. Hoarseness or tightness of the throat;
  - e. Abdominal cramping, nausea, vomiting, or diarrhea, or difficulty swallowing, if associated with any of the above signs.

**NOTE: AFTER THE USE OF AN EPI-PEN/EPI-PEN JR, CALL EMS/911 IMMEDIATELY FOR FOLLOW UP. THEN CALL PARENT/GUARDIAN**

May child self-administer the above medications?     YES     NO    Exceptions: \_\_\_\_\_  
 May child carry the above medications while at school?     YES     NO    Exceptions: \_\_\_\_\_  
 Additional Instructions/Comments: \_\_\_\_\_

\_\_\_\_\_  
Treating Physician Signature

\_\_\_\_\_  
Date

**PARENT, PLEASE TURN OVER TO SIGN**

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- South Texas High School for Health Professions

### Parent/Guardian Consent Autorización de Padre/Tutor

I give permission to the school nurse and other designated staff members of South Texas I.S.D. to perform and carry out the tasks as outlined by this Anaphylaxis Individual Health Plan. I also consent to the release of the information contained in this plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety.

*Doy permiso a la enfermera escolar y otros miembros designados del personal de South Texas I.S.D. para llevar a cabo las tareas de atención como se describe en este Plan Individual de Anafilaxia. También doy mi consentimiento a la divulgación de la información contenida en este Plan Individual de Anafilaxia a todos los miembros del personal y otros adultos que tienen cuidado de custodia de mi hijo y que necesiten conocer esta información para mantener la salud y seguridad de mi hijo.*

\_\_\_\_\_  
Parent/Guardian Signature  
Firma de Padre/Tutor

\_\_\_\_\_  
Date  
Fecha

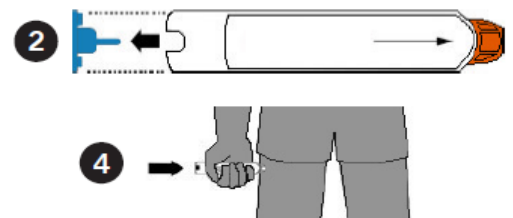


**FARE**  
Food Allergy Research & Education

## FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

### EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



### ADRENACLICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.



### ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.