

Questionnaire for parents of students with allergies 2019/2020

1. To what is your child allergic? \_\_\_\_\_
2. When your child had an allergic reaction in the past, what were their symptoms/ how did he or she present? \_\_\_\_\_
3. When was your child's last episode of an allergic reaction? \_\_\_\_\_
4. Does your child have medications ordered to treat an allergic reaction? \_\_\_\_\_ Which meds? \_\_\_\_\_
5. Have you ever had to use an EpiPen? \_\_\_\_\_
6. Does your child know about his/her allergy? \_\_\_\_\_
7. Does he/she know to avoid the allergen? \_\_\_\_\_
8. Will we have medication here at the health office to treat your child? \_\_\_\_\_
9. Will your child be carrying his/her own EpiPen and or Benadryl to school? \_\_\_\_\_
10. Will your child be riding the bus to and from school? \_\_\_\_\_
11. Does your child have an emergency action plan completed by his/her physician? \_\_\_\_\_
12. If so, may we please have a copy? \_\_\_\_\_
13. Can we please have a small picture (3"x2") to add to the emergency care plan for easy identification? \_\_\_\_\_
14. Will your child be purchasing food in the cafeteria? \_\_\_\_\_
15. Would you like your child to sit at an allergy table in the cafeteria? \_\_\_\_\_
16. Would you prefer that the teacher send a note home to classmates asking that snacks that will be consumed in the classroom not contain \_\_\_\_\_ to which your child is allergic? We cannot guarantee that an item won't be brought in, but we will do our best to keep the classroom safe.

17. Will you be providing a safe snack for your child in the event that a shared snack is brought to school? \_\_\_\_\_

(Non-perishable items can be kept in a Rubbermaid container in the classroom) (Frozen baked goods may be kept in the Health Office freezer)

If the label is checked by the teacher and nuts are not listed as an ingredient, may your child eat the snack that is being provided? \_\_\_\_\_

For non-labeled and/or homemade items, how would you like to proceed? \_\_\_\_\_

Please note if your child is only to consume items provided from home. \_\_\_\_\_

18. May we include information regarding your child's allergies in School Tool, so teachers, specials teachers, TAs, and subs are aware? \_\_\_\_\_

# Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Child's name: \_\_\_\_\_ Date of plan: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Weight: \_\_\_\_\_ kg

Child has allergy to \_\_\_\_\_

Child has asthma. ☐ Yes ☐ No (If yes, higher chance severe reaction)

Child has had anaphylaxis. ☐ Yes ☐ No

Child may carry medicine. ☐ Yes ☐ No

Child may give him/herself medicine. ☐ Yes ☐ No (If child refuses/is unable to self-treat, an adult must give medicine)

Attach  
child's  
photo

## IMPORTANT REMINDER

Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

### For Severe Allergy and Anaphylaxis What to look for

If child has ANY of these severe symptoms after eating the food or having a sting, **give epinephrine**.

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation

☐ **SPECIAL SITUATION:** If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): \_\_\_\_\_. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine**.

### Give epinephrine! What to do

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911.
  - Ask for ambulance with epinephrine.
  - Tell rescue squad when epinephrine was given.
3. Stay with child and:
  - Call parents and child's doctor.
  - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
  - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
  - Antihistamine
  - Inhaler/bronchodilator

### For Mild Allergic Reaction What to look for

If child has had any mild symptoms, **monitor child**.

Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

### Monitor child What to do

Stay with child and:

- Watch child closely.
- Give antihistamine (if prescribed).
- Call parents and child's doctor.
- If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

## Medicines/Doses

Epinephrine, intramuscular (list type): \_\_\_\_\_ Dose: ☐ 0.10 mg (7.5 kg to 15 kg)  
☐ 0.15 mg (15 kg to 25 kg)  
☐ 0.30 mg (25 kg or more)

Antihistamine, by mouth (type and dose): \_\_\_\_\_

Other (for example, inhaler/bronchodilator if child has asthma): \_\_\_\_\_

Parent/Guardian Authorization Signature

Date

Physician/HCP Authorization Signature

Date

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## Additional Instructions:

## Contacts

Call 911 / Rescue squad: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

## Other Emergency Contacts

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_