

**MECKLENBURG COUNTY HEALTH DEPARTMENT  
SCHOOL HEALTH**

**Emergency Action Plan and Order: Severe Allergy in School**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Student's Address: \_\_\_\_\_  
 Student's Phone #: \_\_\_\_\_ Student's I.D.: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Phone: Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Phone: Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Preferred Hospital: \_\_\_\_\_  
 School: \_\_\_\_\_ Teacher/Grade/Homeroom: \_\_\_\_\_  
 School Year: \_\_\_\_\_ History of asthma:  Yes  No

**Student is known to be highly allergic to:** \_\_\_\_\_

*Student's health care provider to complete the following information:*

**If ingestion of or contact with allergen is suspected; and/or if any of the following symptoms occur:**

- tingling/itching/swelling of the lips, tongue, mouth, throat
- sense of tightness in the throat
- hoarseness, hacking cough
- repetitive coughing
- hives/itchy rash
- swelling around the face or extremities
- nausea, abdominal cramps, vomiting, diarrhea
- shortness of breath
- blue color/paleness to lips or nails
- wheezing
- "passing out"
- low blood pressure

**Give medications immediately**

- a.  Benadryl \_\_\_\_\_ mg by mouth (**Indicate dosage**)  
 b.  EpiPen 0.3 mg IM OR  EpiPen Jr. 0.15mg IM (**Check one**)

**If Epinephrine is given, call 911 immediately.**

- Monitor vital signs.
- Call parent/notify school nurse/principal.

**Other instructions:**

**Health Care Provider** \_\_\_\_\_ **Phone #** \_\_\_\_\_ **FAX #** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Health Care Provider's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Please sign here to authorize this order and return to the School Health Program, MCHD, Hal Marshal Annex, 618 North College Street, Charlotte, N.C. 28202 Fax: 704-432-2079 Attn: School Health.)

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

**School Health Nurse Signature** \_\_\_\_\_ **Date** \_\_\_\_\_