Life–Threatening Food Allergy Emergency Care Plan (ECP)

Student Information	
Senior Name:	**Life-Threatening ALLERGY to:**
Emergency Contact 1 (Full Name & Phone #):	**Emergency Contact 2 (Full Name & Phone #):**

Senior should avoid contact with this/ these allergen(s):

Other allergies:

Will the senior be bringing separate food to the event? □ YES □ NO
Will the senior be carrying an EpiPen on his or her person during the event? □ YES □ NO

School:	Birthdate:	Night-of-Event Bus #: *Onsite help to enter day of event*

Routine medications (at home/school):	Asthmatic? □ YES □ NO	Date of last reaction:
Is it medically necessary for student to carry their own Epipen? □ YES □ NO	High Risk for life-threatening reaction? □ YES □ NO	

Please list the specific symptoms the student has experienced in the past.

□ MOUTH Itching, tingling, and/or swelling of the lips, tongue, or mouth
□ SKIN Hives, itchy rash, and/or swelling about the face or extremities
□ THROAT Sense of tightness in the throat, hoarsened and hacking cough
□ GUT Nausea, stomach ache/abdominal cramps, vomiting and/or diarrhea
□ LUNG Shortness of breath, repetitive coughing, and/or wheezing
□ HEART "Thready" pulse, "passing out", fainting, blueness, and pale
□ GENERAL Panic, sudden fatigue, chills, fear of impending doom
□ OTHER _____

IF YOU SUSPECT A LIFE-THREATENING ALLERGIC REACTION TO FOOD,
IMMEDIATELY ADMINISTER EPINEPHRINE AND CALL 911.

Student's Standard Medication Doses		
EPIPEN (.03) □ Student May Administer: □ YES □ NO	EPIPEN JR. (0.15) □ Student May Administer: □ YES □ NO	ANTIHISTAMINE: _____CC / MG (circle one)
Repeat dose of EPIPEN: □ YES □ NO If YES, when:		EpiPen Side Effects:
Give (list medication) _____ _____ Teaspoons _____ Tablets by mouth		Other Medication Side Effects:

I agree to notify the Planning Committee of any changes to the above information between now and the date of graduation.	By:_____ (Parent/Guardian's Signature) Date:_____

Action Plan if an Allergic Reaction Occurs During the Event

1. Administer Epinephrine AND CALL 911 **(DO NOT HESITATE to administer Epinephrine)**.
2. 911 MUST BE CALLED IF EPINEPHRINE IS ADMINISTERED.
3. Advise 911 that the student is having a life-threatening allergic reaction AND Epinephrine is being administered. REQUEST ADVANCED LIFE SUPPORT.
4. Note the time of Epinephrine administration: _____ AM / PM
5. Place Epipen in the container provided AND send with emergency responders along with ECP.
6. Call Parents or other emergency contacts.

Signature of Emergency Responders: _____ Date:_____

Printed Name of Emergency Responders: _____