



Parental Authorization for Allergy Action Plan 2024-2025

Name: _____ DOB: _____ Grade/Teacher: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Before/After school activities: ☐ Athletics ☐ Band ☐ Club ☐ Tutoring ☐ Other: _____

Physician: _____

Physician Phone number: _____

History of Allergic Reaction

Allergic to: _____ Age Discovered:: _____ --

Allergic reaction was caused when allergen was: ☐ Eaten ☐ Touched ☐ Inhaled ☐ other: _____

Describe what happened: _____

Has student required epinephrine to treat an allergic reaction? ☐ No ☐ Yes, when: _____

Does student need to eat at a peanut/tree nut free lunch table? ☐ No ☐ Yes,

When was student's last allergic reaction & how was it treated? _____

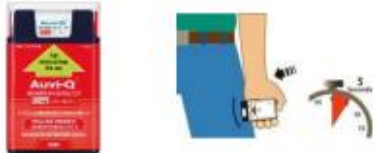
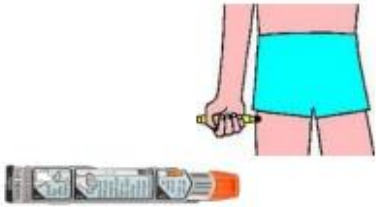
Does student have asthma (higher risk of allergic reaction)? ☐ No ☐ Yes

Emergency Medications

Fort Worth Catholic Diocese Medication Administration request form must accompany all medications and contain a physician's signature

Medication Type	Medication Name	Dose	Location		
Epinephrine			☐ Clinic	☐ Student Carries	☐ Both
Antihistamine			☐ Clinic	☐ Student Carries	☐ Both
Other(inhaler/bronchodilator)			☐ Clinic	☐ Student Carries	☐ Both

Allergy Action Plan For ANY of the Following SEVERE Symptoms							
 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips	 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas
1. INJECT EPINEPHRINE IMMEDIATELY 2. CALL 911 & tell EMS epinephrine was administered for possible anaphylaxis. 3. Closely monitor person until EMS arrives. Perform CPR & maintain airway if necessary. 4. Lay person flat, raise legs & keep warm. If breathing is difficult or they are vomiting, let person sit up or lie on their side. 5. Alert person's emergency contacts. 6. If after 5 minutes EMS hasn't arrived & symptoms persist or symptoms return, give another dose of epinephrine. 7. Give EMS epinephrine auto-injector labeled with name, date, & time medication was administered. Transport student to ER even if symptoms resolve.							
For ANY of the Following MILD Symptoms							
 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort	1. Administer antihistamine if ordered by healthcare provider or parent. 2. Stay with the person; alert emergency contacts. 3. Watch closely for changes. If symptoms worsen, give epinephrine. INJECT EPINEPHRINE FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA.			

How to use Auvi-Q epinephrine injection device (Kaleo) 1. Remove Auvi-Q from the outer case. 2. Pull off red safety guard. 3. Place black end of Auvi-Q against the middle of the outer thigh. 4. Press firmly until you hear a click & hiss sound, & hold in place for 2 seconds. 5. Call 911 and get emergency medical help right away.	
How to use EpiPen epinephrine auto-injector and authorized generic (Milan) 1. Remove EpiPen Auto-Injector from the clear carrier tube. 2. Grasp the auto-injector in your fist with the orange tip pointing downward. 3. With your other hand, remove the blue safety release by pulling straight up. 4. Swing & push auto-injector firmly into middle of outer thigh until it "clicks." 5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3). 6. Remove and massage the injections area for 10 seconds. 7. Call 911 and get emergency medical help right away.	
How to use IMPAX epinephrine injection auto-injector (generic of Adrenaclick) 1. Remove epinephrine auto-injector from its protective carrying case. 2. Pull off both blue end caps: you will see a red tip. 3. Grasp the auto-injector in your fist with the red tip pointing downward. 4. Put the red tip against the middle of the outer thigh at a 90 degree angle, perpendicular to the thigh. 5. Press down hard & hold firmly against thigh for approximately 10 seconds. 6. Remove and massage the area for 10 seconds. 7. Call 911 and get emergency medical help right away.	
How to use TEVA's generic epinephrine auto-injector (TEVA Pharmaceutical) 1. Quickly twist the yellow or green cap off the auto-injector in the direction of the "twist arrow" to remove it. 2. Grasp auto-injector in your fist with orange tip (needle end) pointing down. 3. With your other hand, pull off the blue safety release. 4. Place the orange tip against the middle of the outer thigh at a right angle (perpendicular) to the thigh. 5. Swing & push auto-injector firmly into middle of outer thigh until it "clicks." 6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3). 7. Remove and massage the injection area for 10 seconds. 8. Call 911 and get emergency medical help right away.	

Student Self Management Skills

Can Student:

- | | | | |
|--|---------------------------|--------------------------|--|
| • Identify allergens and avoid exposure? | ☐ Yes | ☐ No | ☐ Needs assistance |
| • Identify early signs/symptoms of an allergic reaction & obtain assistance? | ☐ Yes | ☐ No | ☐ Needs assistance |
| • Self-Carry Epinephrine? | ☐ Yes | ☐ No | ☐ Needs assistance |
| • Self-administer epinephrine (requires physician-signed MAR/authorization in Clinic) | ☐ Yes | ☐ No | ☐ Needs assistance |
| • Consistently self-carry emergency medications at school and school activities? | ☐ Yes | ☐ No | ☐ Needs assistance |
| • Self-carry and administer a rescue inhaler if prescribed (requires physician signed MAR/authorization in clinic) | ☐ Yes | ☐ No | ☐ Needs assistance |

Parental Authorization

I hereby grant permission for _____ ("School") to follow the above Action Plan for my child and to take whatever measure in their judgment may be necessary to provide emergency medical services consistent with this Action Plan, including the administration of medication to my child. I give permission to School to contact my physician for additional information as necessary. I grant the school permission to share this Action Plan with my student's teacher(s). I also authorize School staff members to share the contents of my child's Action Plan with other School employees, volunteers, or chaperones at school events or field trips as necessary to ensure the safety and well-being of my child. I agree to defend, indemnify, and hold harmless the Diocese of Fort Worth, its parishes and Catholic schools, its bishop and successor bishops, and all their priests, employees, servants, volunteers, and agents (collectively, the "Releasees"), from and against any and all claims, demands, causes of action, judgments, damages, liabilities, or losses of any character, arising out of or in any way connected with the provision of medical services, the enacting of the Action Plan, or the failure to provide any medical services or medication. Further, on behalf of myself and the other parent/guardian of the student, I hereby release and waive all claims, demands, or causes of action against the Releasees.

Parent/Guardian Signature Date _____

Updated 4/10/24