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): Is it medically necessary for student to carry their own Epipen? ☐ YES ☐ NO	Asthmatic? ☐ YES ☐ NO High Risk for life-threatening reaction? ☐ YES ☐ NO	Date of last reaction:

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: ____________________

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