Life-Threatening Allergy Management Plan Rev.8/16 To be completed by MD: Valid for Current School Year _____

Name:	ame:			DOB:Weight		
Asthma:	□ Yes (high risl	k for severe react	tion) □ No	□ S	See Asthma Action	Plan
Extremely Re	eactive to:	ephrine immediate				
If known expo	osure, give epine	ephrine immediate	ely and call 9	011.	1	
Action for N	Mild Reaction	<u>n:</u>				<u>iquid</u>
	Symptoms: tchy mouth				□ diphenhydramine (12.5mg//5ml) p. (can be repeated q 4-6 hours)	
	•	and/or" a few hive	es		□ cetirizine (5mg) (do not repeat)	
Gut: r	mild nausea/disc	comfort			Dose:	
Stay with st	udent. Alert	parent. If sym	ptoms wo	rsen t	then follow step	s for major reacti
<u>-</u>		•			-	*
Action for a	<u> Major Reac</u>	<mark>ction:</mark> (two syst	ems or sing	gle se	vere symptom)	
2. Call RE • Stud This 3. Note time worsening	tight the shortness thready multiple abdomic prine phrine important of the should increases risk e epinephrine symptoms.	D 911 ASK FOllot suddenly sit a for sudden dea was given and	drooling, trouditive cough a fused, dizzy, pabout the face ting muscularly Epinephric R ADVANO up, stand of ath. repeat dose	nd/or you had not be and not only one o.1: CED I or be presented after the after of the presented after t	wheezing lue	ight position. improvement or
4. ITalispoi	t via Eivis to	the emergency	uepai unen			
Emergency C						
Parent/Guardi	an				Phone:	
Other emergen	ncy contact				Phone:	
Parents Signatu	re	DATE		CTOR'S	SIGNATURE	DATE:
			Print MI) Name	»:	
Nurses Signatur	e	DATE			r:	

Life-Threatening Allergy Management Plan (LAMP)

Permission to Carry and/or Self-Administer Epinephrine (if appropriate)

Name:	DOB:	_ DOB:				
trained in the use of the prescribed administering this medication(s).	fy that this child has a medical history of semedication(s) and is judged to be capable. The nurse or the appropriate school staff should understands the hazards of sharing medical.	of carrying and self- nould be notified anytime the				
□ Self-Carry						
☐ Self-Administer						
Healthcare Provider Signature	Print Healthcare Provider name	Date				
I will not hold the school board or self-administration of said emerger I understand that the school, after or restrictions upon a student's posses the age and maturity of the student I understand that the school may we medication at any point during the	consultation with the parent(s) may impose ssion and/or self-administration of said em-	re outcome resulting from the reasonable limitations or ergency medication relative to minister the said emergency has abused the privilege of				
Parent/Guardian Signature	Date	Date				
Student Signature	Date	Date				