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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