Life-Threatening Allergy Management Plan To be completed by MD: Valid for Current School Year _____

Name: _			DOI	B:	_Weight
	0:				
Asthma	a: Yes (high rish	k for severe reac	ction) Do D	See Asthma Action	Plan —————
	y Reactive to:	1 ' ' 1'	1 1 11 011		
	exposure, give epin		tely and call 911.		
Action fo	or Mild Reaction	<u>n:</u>			<u>quid</u>
Systems: Mouth:	Symptoms: itchy mouth			☐ diphenhydrar (can be repeated ☐ cetirizine (5mg/s	-
Skin:	minor itching "a	and/or" a few hive	es	(do not repeat)	5ml) p.0.
Gut:	mild nausea/disc	comfort		Dose:	
Stav with	n student. Alert	parent. If syn	nptoms worsen	then follow steps	
<u></u>					
Action fo	or a Major Read	etion: (two sys	tems or single se	evere symptom)	
☐ Epi 2. Call F • S T 3. Note (tight the shortne thready multiple abdoming the Epinephrine im ipen® □ Epipen® □ Epipen® tudents should rhis increases rishtime epinephrine	ss of breath, repe pulse, faint, confe e hives, swelling nal cramps, vomi mediately intra B Jr Auvi-Q 0 911 ASK FOR not suddenly sit k for sudden de	drooling, trouble sy titive cough and/or fused, dizzy, pale, b about the face and ating muscularly TM 0.30mg Au R ADVANCED 1 aup, stand or be eath.	wheezing blue	ght position.
	ng symptoms.				_
				rapy in a severe re	action.
4. Trans	sport via EMS to	the emergency	department.		
Emergency Parent/Gua	y Contacts:			Phone:	
	rgency contact				
Parents Sign	 nature	DATE	DOCTOR'S	S SIGNATURE	DATE:
8				ne:	
Nurses Signa	ature	DATE		er:	

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).	ify that this child has a medical history of sed medication(s) and is judged to be capable. The nurse or the appropriate school staff should understands the hazards of sharing meet.	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 emerged. I understand that the school, after 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 ession and/or self-administration of said emo	e outcome resulting from the reasonable limitations or ergency medication relative to minister the said emergency has abused the privilege of			
Parent/Guardian Signature	Date				
Student Signature	 Date				