

Willows Preparatory School
ANAPHYLAXIS – INDIVIDUAL HEALTH PLAN
Required for all students with life-threatening allergies
2025-2026

Student's Name: _____ D.O.B.: _____ Teacher/Section: _____

Life-Threatening Allergies: _____ **Other Allergies:** _____

Asthma: Yes* ☐ No ☐ *High Risk for severe reaction (If student has asthma, complete Asthma Care Plan) Date of last allergy test or last allergic reaction: _____. Triggered by: ☐ Eat ☐ Touch ☐ Smell Symptoms: ☐ Breathing difficulty ☐ Vomiting ☐ Hives/itching ☐ Swelling ☐ Other _____ Medication used to treat last allergic reaction, if any: _____ Has student **ever** had anaphylaxis? ☐ Yes, date(s): _____ ☐ No

EMERGENCY CARE PLAN

☐ If checked, administer epinephrine **immediately** upon known or suspected exposure to a life-threatening allergen. **If student has had anaphylaxis in the last two years, this is required.**

For all students:

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. Administer epinephrine to outer thigh immediately as ordered below. Location of epi (completed by admin): ☐ Office ☐ Classroom ☐ On person 2. Stay with student. (Note time epi was administered: _____) 3. CALL 911 – Advise EMS that student has been given Epinephrine for a severe allergic reaction 4. Notify parent/guardian & school nurse Parent/guardian phone: (____) _____ 5. Administer additional medication as directed below, if applicable.
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MEDICATION ORDERS

This section to be completed by a licensed healthcare provider (MD, DO, ND, DMD, DC, PA, ARNP, CNM)

Epinephrine IM auto-injector: ☐ 0.3 mg ☐ 0.15 mg ☐ 0.1 mg

If symptoms persist, may repeat dose in _____ minutes (may cause increased heart rate, jitteriness, nausea)

After Epi auto-injector is given, may give additional medications (antihistamines, albuterol, other):

Medication name: _____ Strength/Dosage: _____ Route: _____ (do not give oral medications unless student is fully alert and capable)

Additional information: _____

TURN PAGE TO SIGN ->

Student capable of self-carry/self-administer epinephrine? ☐ Self-carry ☐ Self-administer ☐ No
Health Care Provider's Name (*please print*): _____ Phone: _____
Health Care Provider's Signature (**Required**): _____ Date: _____

FOOD ALLERGY CONSIDERATIONS

To be completed by parent/guardian; consultation with school nurse advised

NOTE: There is no guarantee a school meal or snack will be allergen-free. Meals and food from home provide the safest food option at school.

☐ Check here if student will be ordering school lunch.

Yes ☐ No ☐ Student has a nut allergy severe enough they must avoid prepackaged foods from facilities that produce nuts (i.e. "may contain nuts" label). If **yes**, they should bring lunch from home.

Yes ☐ No ☐ Student has a tree nut allergy that includes coconut.

Yes ☐ No ☐ Student understands how to avoid foods that cause allergic reactions and is responsible for making their own food decisions.

Yes ☐ No ☐ Alternative snacks/treats will be provided by parent/guardian to be kept in the classroom for class parties.

How can we help your student manage their allergy at school? _____

Parent/Guardian Consent (please read carefully):

I accept this Individual Health Plan and acknowledge that:

- All medications I provide must be unexpired and properly labeled in their original box.
- My signature gives permission for exchange of information between the School Nurse, pertinent school staff, and the Healthcare Provider regarding this medication order.
- The progression of an anaphylactic response is unpredictable and I may be required to pick up my child in the case of any allergic reaction or exposure, even if symptoms are mild.

Please check only ONE box and then sign below:

- ☐ I request and authorize Willows Preparatory School to **assist my child** in taking the medication in accordance with the LHP's instructions below or attached, and WPS and its staff will not incur any liability for any injury when the medication is administered in accordance with the healthcare provider's direction and Washington law.
- ☐ I request that my child be allowed to **self-carry and self-administer** the medication in accordance with the LHP's instructions below or attached. My student and I understand the responsibility of self-carrying medication at school and recognize the school will not track compliance, expiration, or amount. I agree to hold harmless and indemnify the school and its officers, employees, and agents against all claims, judgments, or liabilities arising out of the self-administration and carrying of medication by my student. *I also understand that this requires permission from the school nurse and administrator, who have the final determination.*

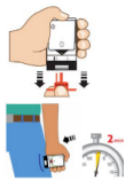
**** It is strongly recommended that extra medication be provided and stored at the office. ****

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____ Phone number: _____

Emergency Contacts	Trained Staff Members
1. _____ Relation: _____ Phone: _____	1. _____ Room: _____
2. _____ Relation: _____ Phone: _____	2. _____ Room: _____
3. _____ Relation: _____ Phone: _____	3. _____ Room: _____

EPINEPHRINE DIRECTIONS

AUVI-Q (Epinephrine) 1. Remove outer case. 2. Pull off red safety guard. 3. Place black end against mid-outer thigh. 4. Press firmly and hold for 2 seconds. 5. Remove from thigh. 	EPIPEN (Epinephrine) 1. Remove from carrying case. 2. Pull off blue safety release (with orange tip facing down). 3. Place orange tip against mid-outer thigh. 4. Swing and push firmly until it "clicks" and hold for 3 seconds. 5. Remove from thigh and massage area for 10 seconds. 
ADRENALICK (Epinephrine) 1. Remove from carrying case. 2. Pull off grey end caps (with red tip facing down). 3. Place red tip against mid-outer thigh. 4. Press down hard for 10 seconds. 5. Remove from thigh and massage area. 6. Carefully cover the needle with carrying case. 	TEVA (Epinephrine) 1. Twist off yellow or green cap 2. Grasp with orange tip facing down. 3. Pull off blue safety release. 4. Swing and push firmly until it "clicks" and hold for 3 seconds. 5. Remove from thigh and massage for 10 seconds 