International School Bangkok
Anaphylaxis Management Plan

This form must be completed by a physician.

Student Family Name: _____ Given Names: _____

Date of Birth (dd/mm/yyyy): _____ Student entering grade: _____

Anaphylactic/Severe allergic reaction to _____

Mode of transmission;

Ingestion ▢ Contact ▢ Injection ▢ Inhalation ▢ Other ▢

High Risk for severe reaction? ▢ Yes ▢ No Date of last reaction (mm/yyyy): _____

Epinephrine/Adrenaline required in the past ▢ Yes ▢ No Date last required (mm/yyyy): _____

Underlying asthma ▢ Yes ▢ No

Symptoms experienced in the past: _____

MEDICATIONS

Antihistamine **(select one)**: ▢ Diphenhydramine (Benadryl) ▢ Chlorpheniramine (CPM) ▢ Hydroxyzine (Atarax)
▢ Cetirizine (Zyrtec) ▢ Other: _____ ▢ Not required
Dose in mgs (specify if tablet/syrup): _____

EpiPen: ▢ EpiPen ▢ EpiPen Junior

Fast Acting Inhaler: ▢ Salbutamol/Albuterol ▢ Not required
Dose: _____

TREATMENT

If allergen exposure and no symptoms: ▢ Antihistamine ▢ EpiPen ▢ Observe ▢ Other: _____

If student experiences ONLY one of the following symptoms, please indicate required treatment

	Antihistamine	Antihistamine + EpiPen +/-Inhaler
Itchy nose, sneezing, itchy mouth	▢	▢
Few hives	▢	▢
Mild stomach ache, nausea or discomfort	▢	▢
Other: _____	▢	▢

If student experiences more than 1 of the above symptoms EpiPen should be given ▢ Yes ▢ No

If only antihistamine is given, student will be continually monitored with EpiPen available and parents contacted.

IF THERE ARE ANY OF THE FOLLOWING SYMPTOMS AN EPIPEN AND ANTIHISTAMINE (+/- INHALER) WILL BE ADMINISTERED.

- SHORTNESS OF BREATH, WHEEZE, COUGH
- SKIN COLOR IS PALE/BLUISH
- WEAK PULSE
- FAINTING/DIZZINESS
- EXTENSIVE HIVE REACTION
- TIGHT OR HOARSE THROAT
- TROUBLE BREATHING OR SWALLOWING
- SWELLING OF LIPS/TONGUE
- VOMITING/DIARRHEA
- AGITATION, CONFUSION, ALTERED CONSCIOUSNESS

THE EPIPEN WILL BE ADMINISTERED PRIOR TO CALLING PARENTS IN A RAPID SEVERE REACTION.
THE STUDENT WILL BE TAKEN TO HOSPITAL IMMEDIATELY IF THEY REQUIRE AN EPIPEN TO BE ADMINISTERED.

Is it appropriate for the student to carry his/her own EpiPen? ▢ Yes ▢ No

Can the student self-administer their EpiPen (understands when and how to administer)? ▢ Yes ▢ No

Signature of Medical Practitioner: _____ Date (dd/mm/yy): _____

Name of Medical Practitioner: _____

Official Stamp:

Qualifications: _____

International School Bangkok
Parental Consent for administration of emergency medication

Student Family Name: _____ Given Name: _____

Date of Birth (dd/mm/yyyy): _____ Student entering grade: _____

I/We consent to treatment prescribed by the physician and the sharing of information with employees and associates of the International School Bangkok.

I/We consent for our child to carry their own medications with them at school and on off campus trips Yes ▢ No ▢

I/We will ensure our child has an EpiPen and antihistamine (+/- inhaler) available to them at all times whilst on campus (to be kept in the Health Centre) and two EpiPens and antihistamine available when on trips off campus.

I/We will replace all expired medication as required and inform the Health Centre of any changes by updating Powerschool.

Signed: _____ Signed: _____

Name: _____ Name: _____

Date (dd/mm/yyyy): _____ Date (dd/mm/yyyy): _____

Student Consent to Carry Medication

I _____ (Student name), agree to carry my own medication for the treatment of anaphylaxis.

I have been instructed in the proper use of my medication and fully understand when and how it is to be administered.

I will keep this medication with me at all times and will not allow another student to use my medication under any circumstances.

I understand that should another student use my medication, the privilege of carrying my medication may be reassessed and/or revoked.

I accept responsibility for notifying the Nurse each time I take my medication.

I understand I am responsible for looking after my medication and ensuring it has not expired. On trips off campus I will ensure I have 2 EpiPens and antihistamines with me at all times.

Signed: _____ Date (dd/mm/yyyy): _____