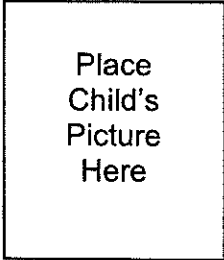


BEE STING

ALLERGY ACTION PLAN



Student's Name _____ D.O.B. _____ Teachers: _____

Allergy To: _____

Asthmatic Yes* No *Higher risk for severe reaction

STEP 1: Treatment

Symptoms

Give Checked Medication**

(TO BE DETERMINED BY PHYSICIAN AUTHORIZING TREATMENT)

- If a bee sting has occurred, but no symptoms
- Site of sting Swelling, redness, itching
- Skin Itching, tingling, or swelling of lips, tongue, mouth
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat † Tightening of throat, hoarseness, hacking cough
- Lung † Shortness of breath, repetitive coughing, wheezing
- Heart † Thready pulse, low blood pressure, fainting, pale, blueness
- Mouth If a bee sting has occurred, but no symptoms
- If reaction is progressing (several of the above areas affected), give

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

The severity of symptoms can quickly change. †Potentially life-threatening.

DOSAGE

Antihistamine: give _____
MEDICATION / DOSE/ ROUTE

Other: give _____
MEDICATION / DOSE/ ROUTE

STEP 2: Emergency Calls

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed
2. Dr. _____ at _____
3. Emergency contacts:

Name / Relationship	Phone Number(s)	
a. _____	1.) _____	2.) _____
b. _____	1.) _____	2.) _____
c. _____	1.) _____	2.) _____

EVEN IF A PARENT / GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

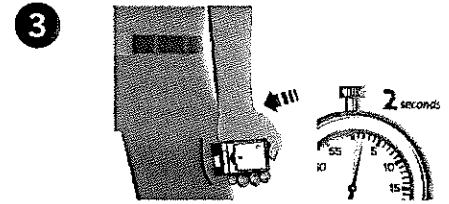
Parent / Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____

(REQUIRED)

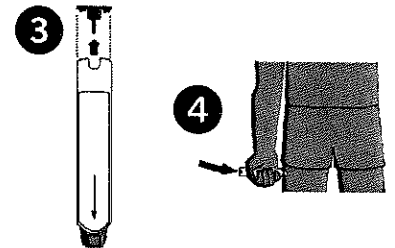
HOW TO USE AUVI-Q® (EPINEPRHINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.



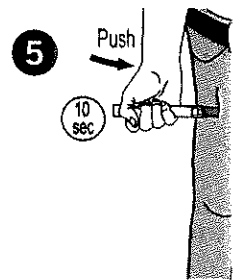
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPRHINE) AUTO-INJECTOR AND EPINEPRHINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



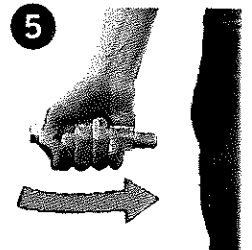
HOW TO USE IMPAX EPINEPRHINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPRHINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, pull off the blue safety release.
4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
7. Remove and massage the injection area for 10 seconds.
8. Call 911 and get emergency medical help right away.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

**RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING EMERGENCY CARE
TO CHILDREN WITH SEVERE ALLERGIES**

This is a release and waiver of liability for administering emergency treatment to children with severe allergies (hereinafter, referred to as the "Release").

Made this _____ day of _____, 20____, by and between Saint Mary Magdalene Catholic School ("StMM") and _____ who are the parent(s) and/or legal guardian(s) of _____ (Child's Name).

WHEREAS, StMM provides educational services for _____ (Child's Name).

WHEREAS, StMM has been requested by the Parent(s)/Legal Guardian(s) to administer emergency treatment (including the administration of epinephrine) to the child during certain emergency situations when the child has come in contact with an allergen and is in danger of anaphylaxis, as prescribed in writing on the child's "Authorization for Emergency Care of a Child with Severe Allergies Form" (hereinafter referred to as the "Authorization") all in accordance with and subject to StMM's policy for administering emergency treatment to children with severe allergies.

NOW THEREFORE, in consideration of the agreements and covenants contained herein and good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto hereby agree as follows:

1. Parent(s)/Legal Guardian(s) hereby release and forever discharge StMM and its employees or agents from any liability arising in law or equity as a result of StMM's and its employees or agents administering epinephrine and providing other emergency care in conformance with the child's "Authorization," provided that StMM has used reasonable care in administering epinephrine and in providing other authorized care in accordance with the "Authorization."
2. The reference in this release to StMM shall include StMM, its affiliates, successors, directors, officers, employees, and representatives. The term Parent(s)/Legal Guardian(s) shall include the dependents, heirs, executors, administrators, assigns and successors of each.
3. If one or more of the provisions of this release shall for any reason be held invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not effect or impair any other provision of the release. This release shall not be constructed as if such invalid, illegal or enforceable provision has not been contained herein.

Signature page immediately follows

Saint Mary Magdalene Catholic School
Allergy Action Plan, p. 5

**RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING EMERGENCY CARE
TO CHILDREN WITH SEVERE ALLERGIES**

Saint Mary Magdalene Catholic School
625 Magdala Place
Apex, NC 27502

Name: _____
(Print)

Title: _____

Signature: _____

Date: _____

Parent(s)/Guardian(s)

Name: _____
(Print)

Relationship: _____

Signature: _____

Date: _____

Name: _____
(Print)

Relationship: _____

Signature: _____

Date: _____