



FRANKLIN PUBLIC SCHOOLS ALLERGY ACTION PLAN

Photo of Student

School Name: _____

Date: _____

Dear Parent/Guardian:

Your child has been noted to have a **Life Threatening** allergy that could require emergency treatment while at school. In order to insure the best possible treatment plan, please have your child's physician complete the bottom of this Allergy Action Plan. Parents/Guardians, please complete the top and page 2 of the form. If multiple **Life Threatening** allergies exist, please use one form for each allergy.

School year 20__ - 20__

Student _____ Grade _____ Teacher _____

Parent/Guardian _____ Phone _____

Additional Emergency Contact _____ Phone _____

Life Threatening Allergy to: _____

Age when first reaction occurred _____ Date of most recent reaction _____

Describe past reactions _____

To be Completed by Physician

MD's Name _____ Phone _____

(please print)

(Child's Name) _____ has a **Life Threatening** allergy to

_____ that may require emergency medical treatment during the school year.

Date of Order _____ Discontinuation Date _____

Medication Treatment Plan

Circle one: (for s/s of anaphylaxis)

Epinephrine. 0.15mg IM

Epinephrine 0.3 mg IM

Additional Orders:

1. _____
2. _____
3. _____

Consent for self administration ☐ Yes ☐ No

_____, M.D. Date: _____

Signature

School Fax #'s:

ECDC: 508-541-8254

Jefferson: 508-541-2124

Keller: 508-541-2109

Kennedy: 508-553-0892

Oak Street: 508-541-8047

Parmenter: 508-553-0894

Horace Mann: 508-541-7071

Remington: 508-541-2101

Annie Sullivan: 508-541-2109

High School: 508-613-1510

***Parent/Guardian, please complete page 2**

To be Completed by Parent/Guardian

I have read, reviewed and I am in agreement with the Allergy Action Plan on page 1 formulated by my child's physician. I agree that it may be on file, and shared with the appropriate staff, as part of my child's School Health Record.

Please note: EpiPen delegated staff will be available for students with life-threatening allergies with current orders for EpiPen on file.

Allergy Aware table required for lunch: ☐ Yes ☐ No

Consent for self administration: ☐ Yes ☐ No

Bus notification: ☐ Parent will notify bus ☐ Parent gives FPS permission to notify bus ☐ N/A

New Plan updates may be submitted throughout the school year with medication and/or treatment plan changes.

Please note: Franklin Public School policy states that anyone requiring the use of an EpiPen will be transported by ambulance to the hospital. Emergency Medical Services are activated in the District by calling 911. In the case of an emergency, local EMS will transport to the nearest medical facility.

Signature of Parent/Guardian **Date** _____

_____,RN **Date** _____
Signature of School Nurse