

## Appendix B-5: Emergency Action Plan

The form on the following pages is the Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form. It must be completed by a license health care provider and it requires the signature from the parent/guardian of the student with food allergies.

This form provides a variety of information, including:

- Student's personal information and photo
- Treatment for a food-allergic reaction
- Emergency contact information
- Permission to carry
- Permission to self-administer epinephrine auto-injector
- A license physician's medication authorization and dosing requirements
- Parent's consent for the school to administer medication
- Documentation recommendations
- Location of medication
- A list of staff members trained on the administration of epinephrine
- Additional resources

This sample form may be found on Illinois State Board of Education web site (<http://www.isbe.net>).

This information should be shared with the appropriate school personnel and as deemed necessary by the School Boards' policy for sharing health care information.