

Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders

School year 20____ - 20____ C.R.S. 22-1-119.5 A treatment plan shall be effective only for the school year in which it is approved.

Student's name: _____ D.O.B.: _____ Grade: _____ School: _____ Teacher/Classroom: _____ Allergy to: _____ History: _____	Place student's photo here
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To be completed by healthcare provider:

Emergency-use epinephrine: ☐ 0.1 mg auto-injector ☐ 0.15 mg auto-injector ☐ 0.3 mg auto-injector
 ☐ 1 mg nasal spray ☐ 2 mg nasal spray

☐ If symptoms worsen or do not improve in 5 minutes, or if symptoms return, give 2nd dose of epinephrine, if available.

Antihistamine (if prescribed) medication, dose, route, frequency: _____

Asthma? ☐ No ☐ Yes - If yes, be aware of higher risk for severe reaction.

Self-administer? ☐ No ☐ Yes - If yes, student has been instructed and is capable of carrying and self-administering own emergency-use epinephrine medication. Note: A trained staff member must be available to administer in the event the student is unable to self-administer for any reason.

If you see this:	Do this:
Green zone: normal activities - no symptoms	
Student may participate in all normal activities.	- Continue to avoid known allergens. - Ensure emergency medications are readily available.
Yellow zone: mild symptoms	
Affecting one body system only: Nose: Itchy, runny nose, sneezing Skin: A few hives, mild itch Gut: Mild nausea/discomfort	- Stay with student. - Give antihistamine (if prescribed above). - Alert parent/guardian and school nurse. ⚠ If symptoms spread to a second body system, immediately move to red zone. - Continue to monitor closely.
Red zone: severe symptoms	
Two or more body systems with mild symptoms or any severe symptoms in one or more body systems: Lung: Short of breath, wheezing, repetitive cough Throat: Tight, hoarse, trouble breathing/swallowing Mouth: Swelling of the tongue and/or lips Heart: Pale, blue, faint, weak pulse, dizzy Skin: Many hives over body, widespread Gut: Vomiting or diarrhea (if combined with other symptoms) Other: Feeling something bad is about to happen, confusion, agitation	Give epinephrine immediately! Call 911! - Tell 911 dispatch that epinephrine was given. - Tell EMS what time epinephrine was given. - Stay with student and: - Monitor student, keeping them lying on their back; if vomiting or difficulty breathing, put student on their side. - Call parent/guardian and school nurse. - Give 2nd dose if symptoms worsen or do not improve, or if symptoms return, as ordered above (if available). - Give other prescribed medications after administering epinephrine (if available). ⚠ Important: Do not hesitate to administer epinephrine. Key principle: If allergic reaction affects two body systems, give epinephrine as a first-line treatment.

Healthcare provider name (print): _____ Phone number: _____

Provider signature: _____ Date: _____

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices and release the school and personnel from any liability in compliance with their Board of Education policies.

Parent/guardian name (print): _____ Phone number: _____

Parent's/guardian signature: _____ Date: _____

School nurse signature: _____ Date: _____

For the school nurse: Self-carry contract on file? ☐ No ☐ Yes Meal modification form? ☐ No ☐ Yes



April 2026