



Life Threatening Allergy Individual Health Care Plan

Severe allergy to:

School year

Student legal last name _____ First name _____ MI _____
 Birth date _____ School _____ Grade _____ Other ID# _____

Transportation: Walker Self Transported Bus Rider Bus Route Number _____

Parent/Guardian Information

Parent/Guardian		Primary phone	-	-
Work phone	-	-	Cell phone	-
Parent/Guardian		Primary phone	-	-
Work phone	-	-	Cell phone	-

Healthcare Provider and Hospital Information

Healthcare Provider Name	Phone	-	-
Preferred Hospital	Phone	-	-

Medical Information

Asthma Yes (High risk for severe reaction) No

Please list specific symptoms the student has experienced in the past and provide the date of the last reaction (if no symptom or date, please write "none")

Other Allergies	Specific Symptom	Date of last reaction
-----------------	------------------	-----------------------

ALLERGY SYMPTOMS: If you suspect a severe allergic reaction, **IMMEDIATELY ADMINISTER EPINEPHRINE AND CALL 911**

Mouth-Itching, tingling, or swelling of the lips, tongue, or mouth.	Lung-Shortness of breath, repetitive coughing, and/or wheezing
Skin-Hives, itchy rash, and/or swelling about the face or extremities	Heart-"Thready" pulse, "passing out", fainting, blueness, pale
Throat-Sense of tightness in the throat, hoarseness, and hacking cough	General-Panic, sudden fatigue, chills, fear of impending doom
Gut-Nausea, stomach ache/abdominal cramps, vomiting, and/or diarrhea	Other-Some students may experience symptoms other than those listed above

Medication Orders

Epinephrine Auto-Injector (0.3 mg) Epinephrine Auto-Injector (0.15 mg) *Side Effects*

Repeat dose of Epinephrine Auto-Injector Yes No If "Yes", when _____

Antihistamine Name	Dose	When	<input type="checkbox"/> Teaspoon <input type="checkbox"/> Tablet
--------------------	------	------	---

It is medically necessary for this student to carry an Epinephrine Auto-Injector during school hours Yes No
 Student may self-administer Epinephrine Auto-Injector Yes No
 Student has demonstrated use to Licensed Health Care Professional Yes No

Healthcare Provider's Name (<i>Printed</i>) _____	Healthcare Provider's Signature _____	Date _____
---	---------------------------------------	------------

INDIVIDUAL CONSIDERATIONS

TRANSPORTATION/BUS

Transportation should be alerted to the student's allergy? Yes No
Student carries an Epinephrine Auto-Injector on the bus Yes No
An Epinephrine Auto-Injector can also be found in: Backpack Waist pack On student Other:
Student will sit at the front of the bus Yes No

Other instructions:

OFF CAMPUS ACTIVITIES/FIELD TRIPS

Epinephrine Auto-Injector should accompany the student during any off campus activities. Yes No

Other instructions:

Student should remain with the teacher or parent/guardian during the entire field trip
Staff members on trip must be trained regarding Epinephrine Auto-Injector use, understand and have a copy of the student's health care plan.

Other instructions:

CLASSROOM/CAFATERIA - FOR FOOD ALLERGIES ONLY

Student is not allowed to eat the following foods:

How does the injection of the food/beverage affect the child?

List all food(s) and/or beverages to be substituted:

- Middle or high school student will be making his/her own decisions
 - Alternative snacks will be provided by parent/guardian to be kept in the classroom
 - Parent/guardian should be advised of any planned parties as early as possible
 - Classroom projects should be reviewed by the teaching staff to avoid specified allergies
- Student will sit at a specified allergy table

The cafeteria manager and/or hostess should be alerted to the student's allergy? Yes No

No Restrictions

Other instructions:

CALL 911 IMMEDIATELY

911 must be called WHENEVER an Epinephrine Auto-Injector is administered.
DO NOT HESITATE to administer Epinephrine Auto-Injector and call 911, even if parents/guardians cannot be reached.
Advise 911 if the student is having a severe allergic reaction and an Epinephrine Auto-Injector is being administered. An adult trained in CPR is to monitor the student (and begin CPR if necessary) until EMS arrives.

Call the School Nurse or the Health Services Main Office - Nurse's phone number: - -
Notify building Administrator and Parent/Guardian.
Dispose of used Epinephrine Auto-Injector in the "sharps" container or give to EMS responders.
Have a copy of Care Plan for EMS responders.

Emergency Contacts

Name	Phone	-	-	Relationship
Name	Phone	-	-	Relationship
Name	Phone	-	-	Relationship

- I request this medication to be given as ordered by the licensed healthcare provider.
- I give Health Services Staff permission to communicate with the medical office about this medication.
- I understand the medication(s) will not necessarily be given by a school nurse (designated staff will be trained and supervised)
- Medical/medication information will be shared with school staff working with my student and all staff, if they are called.
- All medication supplied must come in its originally provided container with instructions as noted above by the licensed healthcare provider.

Parent/Guardian Signature

Date

School Nurse Signature

Date

Healthcare Provider Signature

Date

A copy of this plan will be kept in the school health room and the information will be shared with others who will need to know to maintain the child's health and safety.

CONFIDENTIAL INFORMATION/SHRED PRIOR TO DISCARDING