Elmbrook Schools
become what's next

Individual Health Care Plan for Life Threatening Allergies

School Year: _____

****Expires at end of current school year****

Student Picture

Student Name: _____

DOB: _____ Weight: _____

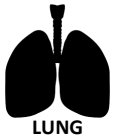
To be completed by Medical Practitioner

Allergy to: _____

Had allergic reaction on the following date: _____ **Required Epinephrine:** ☐ **Yes** ☐ **No**

Describe reaction: _____ **Has asthma:** ☐ **Yes** ☐ **No**

SEVERE SYMPTOMS:



LUNG
Shortness of breath, wheezing, repetitive cough

HEART
Pale or blush skin, faintness, weak pulse, dizziness

THROAT
Tight or hoarse, trouble breathing or swallowing

MOUTH
Significant welling of the tongue or lips

SKIN
Hives over body, widespread redness

GUT
Repetitive vomiting, severe diarrhea

OTHER
Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body system areas

Epinephrine Auto Injector: ☐ 0.15mg or ☐ 0.30mg **Call 911 if administered**

Other medication to administer: Medication: _____ Dose: _____ Frequency: _____

Medication: _____ Dose: _____ Frequency: _____

MILD SYMPTOMS:

NOSE
Itchy or runny nose, sneezing

MOUTH
Itchy mouth

SKIN
A few hives, mild rash

GUT
Mild nausea or discomfort

For MILD SYMPTOMS from more than one body system area **GIVE EPINEPHRINE.**

For MILD SYMPTOMS from a single system area follow the medication directions below:

Medications to administer: Medication: _____ Dose: _____ Frequency: _____

Medication: _____ Dose: _____ Frequency: _____

☐ This student has been instructed on his/her symptoms and when and how to administer Epinephrine Auto Injector.

☐ Self Carry ☐ Self Administer

☐ All food provided from home ☐ My child may eat from the school meal program ☐ Allergen safe lunch table

☐ Snacks in class allowed if adult checks packaging for allergen safety ☐ Other: _____

Parent Signature: _____ Date: _____

Medical Provider Signature: _____ Date: _____ Contact Phone #: _____

District Nurse Signature: _____ Date: _____

Reference SDE Guidelines for managing life threatening allergies for additional information

Form updated 5/16/19