

Centerville City Schools
ALLERGY PLAN /NO MEDICATION AT SCHOOL

Student Information

Student Name:	Birth Date:
Student Address:	Phone:
School:	ID/Grade/Teacher:

ALLERGIC TO: _____

When was the last time your student was exposed or ingested their allergen? _____

Circle the symptoms your student has when **exposed** (*smells or touches, or has insect sting*) to the allergen:

Skin: Hives Swelling Itchy red rash

Gastrointestinal: Cramps Nausea Vomiting Diarrhea

Swelling of lips, throat or tongue

Respiratory: Itchy, watery eyes Runny nose Stuffy nose Sneezing Coughing Change in voice

Difficulty swallowing Tightness of chest Wheezing Shortness of breath Repetitive throat clearing

Cardiovascular: Low blood pressure Fainting Chest pain Weak pulse

Circle the symptoms your student has if they **ingest** (*eats*) the allergen:

Skin: Hives Swelling Itchy red rash

Gastrointestinal: Cramps Nausea Vomiting Diarrhea

Swelling of lips, throat or tongue

Respiratory: Itchy, watery eyes Runny nose Stuffy nose Sneezing Coughing Change in voice

Difficulty swallowing Tightness of chest Wheezing Shortness of breath Repetitive throat clearing

Cardiovascular: Low blood pressure Fainting Chest pain Weak pulse

EMERGENCY ALLERGY PLAN

FOR ANY (1 or more) OF THE SEVERE SYMPTOMS:				MILD SYMPTOMS			
LUNG	HEART	THROAT	MOUTH	NOSE:	MOUTH:	SKIN	GUT
Short of breath, wheezing, repetitive cough lips	Pale, blue faint, weak pulse, dizzy	tight, hoarse, trouble breathing/ swallowing	Significant swelling of the tongue and/or	itchy/runny nose, sneezing	itchy mouth	a few hives, mild itch	mild nausea/ discomfort
SKIN	GUT	OTHER	OR A	FOR MILD SYMPTOMS FROM ONE OR MORE SYSTEMS CALL PARENT			
Many hives	Repetitive	Feeling	of symptoms from different body areas	Watch closely for changes, if symptoms worsen, give epinephrine			
COMBINATION	vomiting, severe diarrhea	something bad is about to happen, anxiety confusion		* Please note: Health clinic does not stock antihistamines*			
over body, widespread redness							
1. INJECT EPINEPHRINE* IMMEDIATELY							
2. CALL 9-1-1, call parent							
Stock epinephrine is not available on field trips							

Special considerations and precautions for school activities, sports, field trips: If medication is not provided and the student requires treatment, **911 will be called.** Staff member must have access to a phone.

Bus Precautions: If possible driver should attempt to pull over and stop the bus. Provide for safety and comfort. Contact Transportation supervisor who will call 911 and contact parent. If driver is unable to reach Transportation supervisor the driver is to call 911.

PARENT NAME: _____ PHONE: _____

PARENT SIGNATURE: _____ DATE: _____

Parent will notify School Nurse immediately if the student's health status changes or if there is a change in the care plan.