



WARRIOR RUN SCHOOL DISTRICT

Dr. Alan J. Hack, Superintendent
4800 Susquehanna Trail
Turbotville, PA 17772
570-649-5138

Dear Parent (s) / Guardian (s):

Enclosed is a School Allergy Management Plan. Please take a few minutes to complete this important form. This plan is to ensure your child receives the best care possible while he/she is in school.

In the event that a parent would request that their child be allowed to carry an epi-pen at school, please be aware of the school policy: *“Requests to carry and self-administer medication, such as an epi-pen, must be accompanied by a licensed person’s written order stating such, a parent’s written request, and demonstration of the child proving competence to self-medicate. The child shall notify the nurse whenever the medication is used. The school is not responsible for ensuring that the medication is taken. Misuse of medications that are self-administered will result in immediate confiscation of the medication, loss of this privilege, and disciplinary action as outlined in the drug policy.”*

Please return the enclosed form to the nurse’s office as soon as possible. A parent’s input on their child’s health is important. Thank you for your time and assistance.

Sincerely,

Health Room Nurses

Enclosure

Elementary School
301 Pine Street
Turbotville, PA 17772
570-649-5164

Middle School
4860 Susquehanna Trail
Turbotville, PA 17772
570-649-5135

High School
4800 Susquehanna Trail
Turbotville, PA 17772
570-649-5166



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ALLERGY HEALTH CARE PLAN

Student Name _____ Grade _____

Allergic to what? _____

What happens when exposed to this allergen? _____

FIRST AID CARE

1. Determine exposure
2. Assess Reaction (see below)
3. Give Benadryl 25mg (liquid form > 2 teaspoons = 10 mL = 25mg) as ordered
4. Notify parent/ guardian or alternate as listed below on call chain
5. Monitor for severe symptoms
6. Take pulse and document
7. Give Epipen if indicated as directed/ordered and call EMS >> 911.
8. Continue to monitor until EMS arrives

MILD/MODERATE Allergic Reaction-

- Swelling/Itching/Redness at site
- Generalized Itching/Warmth
- Red Palms
- Rapid Pulse
- Hives
- Restless/Anxious

SEVERE Allergic Reaction - * A severe allergy can lead to shock in 10 minutes or less*

- Difficulty Breathing
- Difficulty Swallowing
- Swelling of face/throat/mouth

Healthcare Practitioner Order:

Medication: Benadryl Dose: _____ Time: _____
 Medication: Epipen Dose: _____ Time: _____

Is this student able to carry and self-administer their own epi-pen? _____ Yes _____ No

Physician's signature (required in order to administer or carry epipen) _____ (Date) _____

Call Chain

Emergency Contact #1: _____

Emergency Contact #2: _____

*This form is accurate and complete to best of my knowledge

*This information may be shared with school staff and bus driver(s).

Parent Signature: _____ Date _____

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