

**BOZEMAN SCHOOL DISTRICT
ALLERGY HEALTH CARE PLAN SCHOOL YEAR _____**

Name:		photo here
School:	Date:	
Teacher:	Grade:	
DOB:	Asthmatic? YES* <input type="checkbox"/> NO <input type="checkbox"/> *if yes, increased risk for severe reaction.	
Severe Allergy to:		

»STEP 1: SIGNS & SYMPTOMS OF AN ALLERGIC REACTION

If Student has these Symptoms:

Give these Medications:

		Antihistamine	Epinephrine
Mouth	Itching, tingling, or mild swelling of the lips	<input type="checkbox"/>	<input type="checkbox"/>
Skin	Mild hives, itchy rash	<input type="checkbox"/>	<input type="checkbox"/>
Skin	Mild hives, itchy rash unresponsive to antihistamine after 20 minutes	<input type="checkbox"/>	<input type="checkbox"/>
Skin	Severe hives, swelling of face or extremities	<input type="checkbox"/>	<input type="checkbox"/>
Gut	Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Throat	Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/>	<input type="checkbox"/>
Lung	Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/>	<input type="checkbox"/>
Heart	Thready pulse, low blood pressure, fainting, pale	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	<input type="checkbox"/>	<input type="checkbox"/>

Antihistamine to give: _____

(Medication/dose/route)

Epinephrine to give: _____

(Medication/dose/route)

Primary Care Provider, please check medication boxes above and sign here:

Signature: _____

Date: _____

»STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has occurred and additional epinephrine may be needed	
2. Call Parent/Guardian:	Home phone:
a.	Work: Cell:
b.	Work: Cell:
Emergency contact:	Phone:
Primary Care Physician:	Phone:
School Nurse:	Phone:

Other health concerns:	
Other Medications:	Dose/Time:
Dietary concerns/restrictions:	
Parent Signature:	Date:

Individual Considerations:

Bus-Transportation should be alerted to student's allergy

- This student carries Epipen on the bus YES NO
- Epipen can be found in: Backpack On person Other: (specify) _____
- Other: _____

Field Trip Procedures: Epipen should accompany student during any off campus activities

- Special instructions: _____
