

SEVERE ALLERGY EMERGENCY HEALTH PLAN

Student _____ **DOB** _____
School _____ **Grade** _____
Teacher _____ **School year** ___ - ___

Allergic to: _____

Asthma: Yes _____ No _____

Contact:

Parent/Guardian _____ H# _____ W# _____ C# _____

Parent/Guardian _____ H# _____ W# _____ C# _____

Parent/Guardian _____ H# _____ W# _____ C# _____

Physician _____ Phone # _____

Hospital of choice: _____

Action for Minor Reaction

1. If only symptoms are _____
Give _____
(medication/dose/route)
2. Call parent/guardian
3. If symptoms do not improve in 10 minutes, follow steps for Major Reaction.

Action for Major Reaction

1. If symptoms are _____
Give **Epi Pen** immediately ! Location of EpiPen: student _____ Nurse office _____ both _____
2. Call 911
3. Call parent/guardian
4. Stay with student

EpiPen and EpiPen Jr. Directions

1. Pull off gray safety cap
2. Place black tip on outer thigh
3. Using a quick motion, press hard into thigh until auto-injector mechanism functions. Hold in place and count to 10. The EpiPen unit should then be removed and discarded. Massage the injection area for 10 seconds.

Signs of an Allergic Reaction

Mouth -- itching & swelling of the lips, tongue, or mouth

Throat -- itching and/or a sense of tightness in the throat, hoarseness, and hacking cough

Skin -- hives, itchy rash, and/or swelling about the face or extremities

Stomach – nausea, abdominal cramps, vomiting, diarrhea

Lung – shortness of breath, repetitive coughing, wheezing

Heart – “thready” pulse, “passing-out”

The severity of symptoms can quickly change.

All symptoms can potentially progress to a life-threatening situation.

Field Trip Plan _____

Parent/Guardian: _____ Date: _____

School Nurse: _____ Date: _____

We ask you to complete this form at the beginning of every school year to ensure that we have the most current information on your child. The information you provide will be shared only with staff in the school district whose jobs require access to this information to ensure your child's health and safety. Please contact your school promptly with any changes of information on this form.