Clinic Use LOCATION OF EMERGENCY MEDICATION(S) AT SCHOOL: _____Self-Carry ☐ Location: _____

GWINNETT COUNTY PUBLIC SCHOOLS
HEALTH AND SOCIAL SERVICES

ALLERGY
Health Management Plan
SCHOOL YEAR:_____

STUDENT NAME:	**DOB:**
SCHOOL:	**STUDENT ID:**

Parent/Guardian	**Parent/Guardian**
Phone:	**Phone:**
Phone:	**Phone:**
Emergency Contact:	
Name:	**Phone:**
Physician:	**Phone:**
Hospital Preference:	

Allergic to: _____

Symptoms: _____

MILD/MINOR SYMPTOMS


Itchy, runny nose, sneezing

OR


Itchy Mouth

OR


Localized rash, a few hives

OR


Nausea, vomits 1 time

Give Antihistamine: _____Dose: _____ (by mouth)
Stay with student and observe for worsening symptoms **(if more than 1 symptom go to SEVERE)**
Notify parent/guardian

SEVERE SYMPTOMS


Shortness of breath, coughing, wheezing


Pale, bluish, faint, weak pulse, dizzy


Hoarseness, tight throat, difficulty swallowing


Swelling of tongue &/or lips


Several hives &/or redness all over


Vomiting more than once


Impending doom, anxiety

Give epinephrine injection: (circle) *EpiPen Auvi-Q Generic* **Dose:** _____(inject in the upper, outer thigh)
CALL 911 and notify parent/guardian****
OTHER (check if applicable): ☐ Give antihistamine _____ Dose _____
☐ Give inhaler _____ Dose _____

OPTION 1 OR 2 NEEDS TO BE COMPLETED AND SIGNED BY A PHYSICIAN IF STUDENT IS TO CARRY AND/OR SELF-ADMINISTER EPINEPHRINE:

☐ **1.** I have instructed student in the proper use and dosage of his/her epinephrine auto-injector. It is my professional opinion that this student should be allowed to carry and self-administer_____(medication name and dose).

☐ **2.** This student should be allowed to carry this epinephrine auto-injector while at school and on school bus. Student is not capable of administration of this medication_____ (medication name and dose).

Physician's Signature_____ Date:_____

School Clinic: Copy of plan to be provided to Transportation Supervisor

PARENT/GUARDIAN SIGNATURE DATE CLUSTER NURSE SIGNATURE DATE

Information about students and family is strictly confidential.

Rev. 2/2024