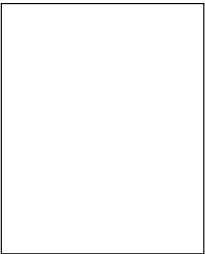


Office: 504 IEP
 School Year:



MEDICAL FORM - SEVERE ALLERGY HEALTH/CARE PLAN

Name: Birth date: School:

History of Asthma - Higher Risk for Severe Reaction Grade: Teacher:

Transportation: School Bus Parent/Guardian Walk/City Bus/Drive Self

LIFE THREATENING ALLERGY TO:

Medications/Doses: THIS BOX TO BE COMPLETED BY THE LICENSED MEDICAL PROVIDER:

Epinephrine: Epinephrine Auto-Injector 0.3mg 0.15 mg OR Epinephrine Nasal 1mg 2mg

Oral Antihistamine: Medication _____ Dose _____

Other: (e.g. inhaler/bronchodilator if asthmatic) Albuterol/Xopenex 2 puffs _____ or _____

Skill Level: Independent (May carry & self administer) Fully Dependent (Med in Health Room)
 Working Toward Independence (May carry & administer WITH staff supervision)

ALLERGIC REACTION TREATMENT PROTOCOL:

If checked, give epinephrine immediately for any symptom if the allergen was likely eaten (or stung, if sting allergy)

If checked, follow the severe symptom vs. mild symptom protocol as described below. **Must order antihistamine above.**

For any SEVERE SYMPTOMS after a suspected or known ingestion (or sting, if sting allergy):

One or more of the following:
 LUNG: Short of breath, wheeze, repetitive cough
 HEART: Pale, blue, faint, weak pulse, dizzy, confused
 THROAT: Tight, hoarse, trouble breathing/swallowing
 MOUTH: Obstructive swelling (tongue and/or lips)
 SKIN: Many hives over body

Or combination of symptoms from different body areas:
 SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
 GUT: Vomiting, diarrhea, crampy pain



- 1. GIVE EPINEPHRINE IMMEDIATELY**
Note time given: _____
- 2. Call 911**
- 3. Begin monitoring** (see box below)
- 4. Give additional ordered medication**
 - Antihistamine
 - Inhaler/bronchodilator for Asthma
- 5. Notify school nurse, parent/guardian**

FOR ONE MILD SYMPTOM ONLY:

MOUTH: Itchy mouth
 SKIN: A few hives around mouth/face mild itch
 GUT: Mild nausea/discomfort



- 1. GIVE ANTIHISTAMINE**
- 2. Stay with student**
- 3. Notify school nurse**
- 4. Notify parent/guardian to pick up student**
- 5. If symptoms progress** (see above box):
USE EPINEPHRINE
- 6. Begin monitoring** (see box below)

MONITORING: Stay with student.

*Tell emergency response that epinephrine was given: request an ambulance with epinephrine.
 *Note time when epinephrine was administered. A second dose can be given 5 minutes or more after the first if symptoms persist or reoccur.
 *For a severe reaction, consider keeping student lying on back with legs raised.
 *Treat student even if parents cannot be reached.

The severity of the reaction can change quickly. Past reactions do not predict future reactions

Health Care Provider signature _____ HCP printed name _____ PH# _____ Date _____

School Year: _____ - _____

This section to be completed by the child's Parent/Guardian:

FIELD TRIP PROCEDURES: Epinephrine and health care plan must accompany student during any off campus activity.

- If student does not have the epinephrine on the day of the trip, he/she cannot attend.
- Student should remain with the teacher or parent/guardian during the entire field trip.
- Staff members on trip must be trained on epinephrine and student health care plan prior to field trip.
- Other (specify): _____

AFTER SCHOOL SPORTS/CLUBS/ACTIVITIES: If the student participates in after school clubs or activities, the parent is responsible for sharing any necessary health information with the activity leader. Parent may choose to provide a copy of this care plan. Discuss self-carry option with provider.

FOR FOOD ALLERGY ONLY:

CLASSROOM

Student is allowed to eat only the following foods:

Those in manufacturer's packaging with ingredients listed and determined allergen-safe by the parent/guardian.

Middle school or high school student will be making his/her own decision.

Alternative snacks will be provided by parent/guardian to be kept in the classroom.

Parent/guardian should be advised of any planned parties as early as possible.

Classroom projects should be reviewed by the teaching staff to avoid specified allergens.

Other (specify): _____

CAFETERIA

NO Restriction in seating arrangement.

Student requires specific seating arrangement: _____

- Cafeteria staff will be alerted to the student's allergy.
- Other: _____

PARENT/GUARDIAN Contact Information: (Update your school office when contact information changes)

Name: _____ H: _____ C: _____ W: _____

Name: _____ H: _____ C: _____ W: _____

EMERGENCY CONTACTS (if unable to reach parent/guardian)

1. _____ Relationship: _____ Phone: _____

2. _____ Relationship: _____ Phone: _____

PARENT/GUARDIAN PERMISSION AND CONSENT:

• I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I consent for my child to be evaluated for a health care plan. I agree with this health care plan and request designated school personnel to follow this plan as it is written. I understand that this health care plan including the medical treatment/medication orders provided, must be renewed and reviewed annually.

• I give health services staff permission to communicate with the LHCP's office about any medical treatment/medication orders that I provide to the school, in accordance with HIPPA/FERPA regulations. I understand that the school may share this care plan with emergency responders if student requires emergency services.

• If medication is prescribed within this plan, the medication is to be furnished by me in the original container, and BROUGHT TO SCHOOL BY AN ADULT. Prescription medication must be labeled by the pharmacy with the name of the patient, health care provider, medication, dosage, and the time of day to be given. I understand medication may be administered by non-licensed trained designated staff members in accordance with state regulations and district policy. I understand that at the end of the school year, an adult must pick up any medication, otherwise it will be discarded.

Parent Signature: _____ **Date:** _____

School Nurse Signature: _____ **Date:** _____

A copy of this plan will be kept in the substitute folder and be available to all staff members who work with the student.