



Pupil Services

Health Care Action Plan – Allergies

Please return form to: School: _____ Fax: _____

Name: _____ DOB: _____

SEVERE ALLERGY TO: _____

Other allergies (food, insects, medication, etc.)

Other allergies (food, insects, medication, etc.)

Medications provided to school for treatment of allergy

School accommodations and treatments (to be filled out by school nurse)

Emergency Information

List contacts in order of preference. Also, write preference of contact method, 1 being the highest, 3 the lowest.

Contact #1 name: _____ Contact #2 name: _____
Home phone: _____ Preference: _____ Home phone: _____ Preference: _____
Cell phone: _____ Preference: _____ Cell phone: _____ Preference: _____
Work phone: _____ Preference: _____ Work phone: _____ Preference: _____

Health Care Provider who should be contacted regarding the allergic reaction:

Name: _____ Phone: _____

Parent Guardian Signature _____ Date: _____

School Nurse _____ Date: _____

See back for emergency plan ->

Emergency Treatment

Allergy Symptoms

These symptoms may be present if student is experiencing a reaction. Indicate whether student has a particular symptom in the column on the right.

Area	Symptom	Y/N?
Mouth	Itching, tingling, or swelling of lips, tongue, mouth	
Skin	Hives, itchy rash, swelling of the face or extremities	
Gut	Nausea, abdominal cramps, vomiting, diarrhea	
Throat*	Tightening of throat, hoarseness, hacking cough	
Lung*	Shortness of breath, repetitive coughing, wheezing	
Heart*	Thready pulse, low blood pressure, fainting, pale, blueness	
Other*		
* Potentially life-threatening		

For Mild Symptoms

If student experiences any of the below symptoms, proceed to treatment.

- Swelling at the site of an insect sting or from possible allergen ingestion
- Several hives
- Itchy skin

Treatment:

1. Send student to the health office **accompanied**.
2. Give _____ (dose) of _____ (medication) by mouth.
3. Contact the parent or emergency contact person.
4. Stay with the student, keep student quiet, monitor symptoms until parent arrives.
5. Watch student for more severe symptoms listed below.

Special instructions (for health care provider to complete): _____

For Severe Symptoms

Severe symptoms can cause a life threatening reaction. If student experiences any of the below symptoms, proceed to treatment.

- Wheezing, difficulty swallowing/breathing
- Swelling (face, neck), tingling/swelling of tongue
- Vomiting
- Signs of shock (extreme paleness/gray color, clammy skin, etc.)
- Loss of consciousness

Treatment:

1. Give Epi-Pen Jr. 0.15mg (< 66 lbs.) **OR** Epi-Pen 0.3 mg (> 66 lbs.) Immediately. See Epi-Pen directions below.
2. Call 911 (or local emergency response team) immediately. Epi-Pen only lasts 20-30 minutes.
911 (emergency response team) should always be called if Epi-Pen is given.
3. Contact parents or emergency contact person. If parents are unavailable, school personnel should accompany the child to the hospital.

Directions for the use of an Epi-Pen

1. Pull off the gray safety cap.
2. Place black tip against upper outer thigh.
3. Press hard into outer thigh until it clicks (may do this through clothing).
4. Hold in place for 10 seconds, then remove.
5. Discard the Epi-Pen in impermeable can and dispose of it per school policy, or give it to an emergency care responder (do not return it to the holder).

