



LIFE THREATENING ALLERGY

Individual Health Plan

Severe Allergy to: _____

Student Name	DOB
School	Grade
School Year	Advisor

MEDICAL INFORMATION

Date of Last Allergic Reaction _____ Asthma Yes (High Risk for Severe Reaction) No

ALLERGY SYMPTOMS: If you suspect a severe allergic reaction, IMMEDIATELY ADMINISTER EPINEPHRINE AND CALL 911

<input type="checkbox"/> MOUTH Itching, tingling, or swelling of the lips, tongue, or mouth	<input type="checkbox"/> LUNG Shortness of breath, repetitive coughing, and/or wheezing
<input type="checkbox"/> SKIN Hives, itchy rash, and/or swelling about the face or extremities	<input type="checkbox"/> HEART "Thready" pulse, "passing out," fainting, blueness, pale
<input type="checkbox"/> THROAT Sense of tightness in the throat, hoarseness, and hacking cough	<input type="checkbox"/> GENERAL Panic, sudden fatigue, chills, fear of impending doom
<input type="checkbox"/> GUT Nausea, stomachache/abdominal cramps, vomiting, and/or diarrhea	<input type="checkbox"/> OTHER Some students may experience symptoms other than those listed above

MEDICATION ORDERS

Epinephrine Auto-Injector (0.3 mg)
 Epinephrine Auto-Injector (0.15 mg)
 Side Effects: _____

Repeat dose of Epinephrine Auto-Injector
 Yes
 No
 If "Yes", when: _____

Antihistamine Name: _____
 Dose: _____
 When: _____
 Teaspoon
 Tablet

It is medically necessary for this student to carry an Epinephrine Auto-Injector during school hours Yes
 No

Student may self-administer Epinephrine Auto-Injector
 Student has demonstrated use to License Health Care Professional

Yes
 No
 Yes
 No

Physician's Signature: _____ Signature on File Date: _____

Physician's Name: _____ Physician's Phone: _____

WHEN TO IMMEDIATELY CALL 911

911 must be called **WHENEVER** an Epinephrine Auto-Injector is administered.

DO NOT HESITATE to administer Epinephrine Auto-Injector and call 911, even if parents/guardians cannot be reached.

Advise 911 if the student is having a severe allergic reaction and an Epinephrine Auto-Injector is being administered.

An adult trained in CPR is to monitor the student (& begin CPR if necessary) until EMS arrives.

Call the School Nurse, Notify building Administrator and Parent/Guardian.

Dispose of used Epinephrine Auto-Injector in the "sharps" container or give to EMS responders.

Have a copy of Care Plan for EMS responders.

LIFE THREATENING ALLERGY Emergency Care and 504 Plan

Student Name	Grade
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INDIVIDUAL CONSIDERATIONS

Transportation/Bus

- Transportation should be alerted to the student's allergy Yes No
- Student carries an Epinephrine Auto-Injector on the bus Yes No
- An Epinephrine Auto-Injector can also be found in Backpack On/With Student Health Office
- Student will sit at the front of the bus Yes No

Other Instructions: _____

Off Campus Activities/Field Trips

- Epinephrine Auto-Injector should accompany the student during any off campus activities
- Student should remain with the teacher or parent/guardian during the entire field trip Yes No
- Staff members on trip must be trained regarding Epinephrine Auto-Injector use, understand and have a copy of the student's health care plan.
- Other Instructions: _____

Classroom-FOR FOOD ALLERGIES ONLY

- Student *is not* allowed to eat the following foods: _____
- Foods approved by parent/guardian: _____
- Middle or high school students will be making his/her own decisions
- 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 Instructions: _____

Cafeteria

- No Restrictions
- Student will sit at a specified allergy table
- The Cafeteria Supervisor should be alerted to the student's allergy. Yes No

Other Instructions: _____

I give Health Services Staff permission to communicate with the Physicians office about this medication.
 I request and authorize my child to carry and/or self-administer their medication. Yes No
This permission to possess and self-administer a Epinephrine Auto-Injector may be revoked by the principal or school nurse if it is determined that your child is not safely and effectively able to self administer.

Parent/Guardian Information

Parent/Guardian	Home Phone
Work Phone	Cell Phone
Parent/Guardian	Home Phone
Work Phone	Cell Phone

SIGNATURES

Parent/Guardian	<input type="checkbox"/> Signature on File	Date
School Nurse	<input type="checkbox"/> Signature on File	Date

A copy of this plan will be kept in the school office and copies will be given to all appropriate staff.