

SEVERE ALLERGY CARE PLAN

Severe Allergy to: _____

Student's Name _____ Teacher _____ Birthdate _____

Physician _____ Phone _____

Parent/Guardian _____ Phone _____

Other Emergency Contact _____ Phone _____

If student experiences mild symptoms of:

- several hives
- itchy skin
- swelling at site of an insect sting

Treatment:

1. Send student to Nurse's Office ACCOMPANIED.
2. Give _____ by mouth.
Antihistamine/dosage
3. Contact parent or other emergency contact.
4. Stay with the student, keep student quiet, monitor symptoms until parent arrives
5. Watch student for more serious symptoms listed below.

Special Instructions (to be completed by healthcare provider):

Symptoms that progress can cause a life-threatening reaction:

- hives spreading over the body
- wheezing, difficulty swallowing/breathing, swelling (face, neck), tingling/swelling of the tongue
- vomiting
- signs of shock (extreme paleness/gray color, clammy skin, etc.), loss of consciousness

Treatment:

1. Give epinephrine injection (EpiPen, Twinject, etc.) immediately, place against upper outer thigh, through clothing if necessary. See other side.
2. Call 911 (or local emergency response team) immediately – effect of epinephrine lasts only 20-30 minutes.
****EMS should ALWAYS be activated if epinephrine administered****
3. Contact parent or other emergency contact. If parents unavailable school personnel should accompany child to the hospital.

Special Instructions (to be completed by healthcare provider):

I give permission for the school to contact the above named physician and exchange information regarding this medication.

Parent/Guardian Signature _____ Date _____

Physician Signature _____ Date _____

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