



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)
 Neffy Nasal Spray (2 mg) Neffy Jr. Nasal Spray (1 mg) Side Effects: _____
 Repeat dose of Epinephrine Yes No If "Yes", when: _____
 Antihistamine Name: _____ Dose: _____ When: _____ Teaspoon Tablet
It is medically necessary for this student to carry Epinephrine during school hours Yes No

Student may self-administer Epinephrine <input type="checkbox"/> Yes <input type="checkbox"/> No	Student has demonstrated use to License Health Care Professional <input type="checkbox"/> Yes <input type="checkbox"/> No
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Physician's Signature: _____ Signature on File Date: _____
 Physician's Name: _____ Physician's Phone: _____

WHEN TO IMMEDIATELY CALL 911

911 must be called WHENEVER Epinephrine is administered.
 DO NOT HESITATE to administer Epinephrine and call 911, even if parents/guardians cannot be reached.
 Advise 911 if the student is having a severe allergic reaction and a Epinephrine 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 _____

INDIVIDUAL CONSIDERATIONS

Transportation/Bus

Transportation should be alerted to the student's allergy Yes No

Student carries an Epinephrine Auto-Injector or Nasal Spray on the bus Yes No

An Epinephrine Auto-Injector or Nasal Spray 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 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 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 or Nasal Spray 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 _____

Signature on File Date _____

School Nurse _____

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.