



Severe Allergic Reaction Care Plan

Name of Student: _____ Date of Birth: _____

Dear Parent:

We understand that your child is allergic to _____. Please complete this form and return it to the school as soon as possible. If your child needs medication at school, we must have a completed medication authorization form. If your child has a special diet, please see the cafeteria manager at your school. It is your responsibility to inform school staff regarding your child’s medical needs. This Care Plan will be maintained on file for your student. If changes need to be made to this Care Plan, please notify your School Nurse.

School Nurse _____ Phone _____

Please circle the following regarding your child’s allergies:

Oral: Yes / No Contact: Yes / No Airborne: Yes / No

Signs of an Allergic Reaction include the following. Please circle the signs your child has experienced.

- Mouth itching and swelling of the lips, tongue, or mouth
- Throat itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
- Skin hives, itchy rash, and/or swelling about the face or extremities
- Stomach nausea, abdominal cramps, vomiting and/or diarrhea
- Lung shortness of breath, repetitive coughing and/or wheezing
- Heart “thready” pulse, “passing-out”

ANY OF THE FOLLOWING SYMPTOMS INDICATE A LIFE-THREATENING SITUATION IS DEVELOPING:

- difficulty breathing or wheezing
- loss of color around lips
- harsh bark-like sound in the throat heard with breathing
- unconsciousness

____ Student requires emergency medication at school. **MEDICATION AUTHORIZATION REQUIRED**

____ Student does not have medication.

____ Student no longer requires treatment for allergies.

INTERVENTIONS BY SCHOOL STAFF:

- If student has emergency medication tell him to use it or assist in administering. **Note time given.**
- Stay with student.
- **Call for first responders and notify parent.**
- **WHEN EMERGENCY MEDICATION IS USED OR THERE IS DIFFICULTY BREATHING, CALL 911.**
- **Continue to monitor breathing. If the student has wheezing, a harsh bark-like sound with breathing or if lips become pale or blue, a life-threatening reaction is developing.**
- **IF BREATHING STOPS, BEGIN RESCUE BREATHING.**

The school nurse may communicate with the student’s health care provider(s):

Dr. _____ Phone _____

Parent/Guardian Signature _____

Date Form Completed _____

Teachers are responsible for establishing a means of notifying all others who may assume responsibility for this student (teacher assistants, substitute teachers, specialty teachers), that this plan exists.