

## LAKE WASHINGTON SCHOOL DISTRICT ALLERGY EMERGENCY HEALTH CARE PLAN

<b><u>Name:</u></b>	<b><u>Grade:</u></b>
<b>Student Number:</b>	<b>School:</b>
<b><u>Severe Allergy to:</u></b>	

### SIGNS OF AN ALLERGIC REACTION

*Circle which symptoms your child displays during an allergic reaction*

**Symptoms to look for:**

<b>• MOUTH</b>	-itching & swelling of the lips, tongue or mouth, drooling
<b>• THROAT*</b>	- itching and/or a sense of tightness in the throat, hoarseness, and hacking cough, choking
<b>• SKIN</b>	- hives, itchy rash, and/or swelling about the face or extremities, flushed face
<b>• GUT</b>	- nausea, abdominal cramps, vomiting, and/or diarrhea
<b>• LUNG*</b>	- shortness of breath, repetitive coughing, and/or wheezing
<b>• HEART*</b>	- “thready” pulse, “passing-out”, rapid heart rate
<b>• OTHER</b>	- dizziness, unsteadiness, sudden fatigue, chills, loss of consciousness
<b>The severity of symptoms can quickly change.</b>	
<b>* Symptoms above can potentially progress to a LIFE-THREATENING situation.</b>	
<b>*** Do not hesitate to give epipen and call 911 ***</b>	

**If your child self carries their epipen; have them inform their teacher where they keep it, so it will be ready for quick access.**

### **Health Plan:**

**In the classroom:**

- Send student to the Health Room ESCORTED if alert ,oriented and is not showing any of the above symptoms.
- Call School Office if symptoms progress quickly.

**In the Health Room:**

- Give medications as prescribed; DO NOT HESITATE!
- Call 911
- Monitor for symptoms of shock and/or relief with medication.
- Inform parents.

### **Other health concerns:**

**Medications:**

**Dose/Time:**


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<b><u>Dietary concerns/restrictions:</u></b>	
<b><u>Parent Signature*</u></b>	<b><u>Date:</u></b>
* signature required	More information on other side →
<b><u>Contact Information:</u></b>	
<b><u>Address:</u></b>	<b><u>Teacher:</u></b> 4. 1.                      5. 2.                      6. 3.                      7.
<b><u>Parent/Guardian:</u></b>	<b><u>Home phone:</u></b>
1. _____	<b><u>Work:</u></b> <b><u>Cell:</u></b> _____
2. _____	<b><u>Work:</u></b> <b><u>Cell:</u></b> _____
<b><u>Emergency contact:</u></b>	<b><u>Phone:</u></b>
<b><u>Primary Care Physician:</u></b>	<b><u>Phone:</u></b>
<b><u>Speciality MD:</u></b>	<b><u>Phone:</u></b>
<b><u>School Nurse:</u></b>	<b><u>Phone:</u></b>

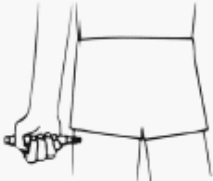
**IF EPIPEN IS RECOMMENDED, SEE DIRECTIONS BELOW:**

**EPIPEN® AND EPIPEN® JR. DIRECTIONS**

- 1. Pull off gray safety cap**



- 2. Place black tip on outer thigh (always apply to thigh)**



- 3. Using a quick motion, press hard into thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and discarded. Massage the injection area for 10 seconds.**

Reviewed and Approved Yearly			
Parent/Guardian	Health Specialist	Date	Time
_____	_____	_____	_____
_____	_____	_____	_____