

LAKE WASHINGTON SCHOOL DISTRICT

ALLERGY HEALTH CARE PLAN

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

SIGNS OF AN ALLERGIC REACTION

Symptoms to look for:

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

Health Plan:

In the classroom:

- Send student to the Health Room ESCORTED if alert and oriented.
- Call School Office if symptoms progress quickly.

In the Health Room:

- Give medications as prescribed; DO NOT HESITATE!
- Call 911 if Epi-Pen used or at first sign of respiratory distress.
- Monitor for symptoms of shock and/or relief with medication.
- Inform parents.

Other health concerns:

<u>Medications:</u>	<u>Dose/Time:</u>

Dietary concerns/restrictions:

<u>Parent Signature*</u>	<u>Date:</u>

* signature required


More information on other side →

Contact Information:			
Address:		Teacher:	4.
		1.	5.
		2.	6.
		3.	7.
Parent/Guardian:		Home phone:	
1. _____		Work: _____	Cell: _____
2. _____		Work: _____	Cell: _____
Emergency contact:		Phone:	
Primary Care Physician:		Phone:	
Speciality MD:		Phone:	
School Nurse:		Phone:	

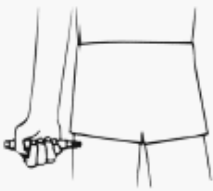
IF EPIPEN IS RECOMMENDED, SEE DIRECTIONS BELOW:

EIPEN® AND EIPEN® 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____