

HEALTH CARE PLAN  
SEVERE ALLERGY TO: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_

School: \_\_\_\_\_

**Emergency Treatment**

**If student experiences mild symptoms:**  
*several hives, itchy skin, itchy red watery eyes or nasal symptoms*  
**OR if an ingestion is suspected:**

**Treatment:**

1. Send student to health office **ACCOMPANIED**.
2. **Give \_\_\_\_\_ of \_\_\_\_\_ by mouth.**  
(amount and dosage: ) (antihistamine)
3. Contact the parent or emergency contact person.
4. **If exposed - Have child wash face, hands and exposed area.**
5. **Stay with the student; keep student quiet, monitor symptoms, until parent arrives.**  
**Watch student for more serious symptoms listed below.**

**Special Instructions:**

**Symptoms that progress and can cause a life threatening reaction:**

- *Hives spreading over the body.*
- *Wheezing, difficulty swallowing/ breathing, swelling (face, neck), tingling/swelling of tongue.*
- *Vomiting*
- *Signs of shock (extreme paleness/gray color, clammy skin, etc.), loss of consciousness.*

**Treatment:**

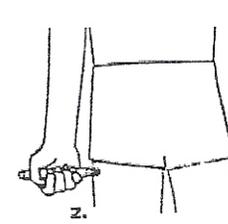
1. **Give:**  **Epi-Pen Jr.®** OR  **Epi-Pen®** **immediately**  
(under 66lbs) (66lbs & over)

Place against upper outer thigh, through clothing if necessary.

2. **Call 911** (or local emergency response team) immediately.
3. Epi-pen® only lasts 20-30 minutes.  
**\*\*Paramedics should always be called if Epi-Pen® is given\*\***
4. Contact parents or emergency contact person. If parents unavailable, school personnel should accompany the child to the hospital.

**Directions for use of Epi Pen®:**

1. Pull off gray cap.
2. Place black tip against upper outer thigh.
3. Press hard into outer thigh, until it clicks.
4. Hold in place 10 seconds, and then remove.
5. Discard Epi Pen® in impermeable can and dispose per school policy, or give to emergency care responder. (Do not return to holder)



It is understood by parents and health care provider(s) that this plan may be carried out by school personnel other than the School Nurse Consultant (RN). A RN is to be responsible for delegation of this Health Care Plan to unlicensed persons.

Health Care Provider Authorization (Required): \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature (Required): \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Copy

Student Copy

School Copy

Transportation Copy