

**ALLERGY CARE PLAN AND MEDICATION ORDERS**

**No History of Anaphylaxis**

Plan \_\_\_\_ of \_\_\_\_

Place student picture here

<b>STUDENT NAME</b>		<b>Birthdate</b>	
<b>Grade</b>	<b>School</b>	<input type="checkbox"/> <b>Bus #</b>	<input type="checkbox"/> <b>Walk</b> <input type="checkbox"/> <b>Drive</b>
<b>Other Allergies</b>		<input type="checkbox"/> <b>Student has Asthma</b> (increased risk factor for severe reaction)	

**Date of last reaction, symptoms experienced**

**Brief medical history**

<b>Antihistamine location</b>	<input type="checkbox"/> Office	<input type="checkbox"/> Backpack	<input type="checkbox"/> On person	<input type="checkbox"/> Other _____
<b>Inhaler(s) location</b>	<input type="checkbox"/> Office	<input type="checkbox"/> Backpack	<input type="checkbox"/> On person	<input type="checkbox"/> Other _____

**This Section to be Completed by a Licensed Healthcare Provider (LHP)**

If student has symptoms or you suspect exposure (is stung, eats food he/she is allergic to, or exposed to allergen):

- Administer: \_\_\_\_\_ (antihistamine) \_\_\_\_\_ (ml, mg, cc)  
 May repeat antihistamine dose after \_\_\_\_\_ minutes  
 Antihistamine side effects:     Drowsiness     Hyperactivity
- If student has asthma and is coughing, wheezing, short of breath, and/or has chest tightness, administer:  
 Albuterol 2 puffs (Pro-air®, Ventolin HFA®, Proventil®)     Other \_\_\_\_\_
- Call school nurse and parent/guardian

**SEVERITY OF SYMPTOMS CAN CHANGE QUICKLY**  
**Some Symptoms can be life-threatening—ACT FAST**  
**IF SYMPTOMS INCREASE – DON'T HESITATE TO CALL 911**

**Anaphylaxis (Severe allergic reaction) is an excessive reaction by the body to combat a foreign substance that has been eaten, injected, inhaled or absorbed through the skin. It is an intense and life-threatening medical emergency. Do not hesitate to call 911.**

**USUAL SYMPTOMS of an anaphylactic reaction:**

- |  |   |
|--|---|
| MOUTH—Itching, tingling, or swelling of the lips, tongue, or mouth | SKIN—Hives, itchy rash, and/or swelling about the face or extremities |
| GENERAL—Panic, sudden fatigue, chills, fear of impending doom      | HEART—"Thready" pulse, "passing out", fainting, blueness, pale        |
| LUNG—Shortness of breath, repetitive coughing, and/or wheezing     | GUT—Nausea, stomach ache/abdominal cramps, vomiting and/or            |
| THROAT—Sense of tightness in the throat, hoarseness, hacking cough | diarrhea  |

- CALL 911** – if symptoms increase
- Advise EMS that antihistamine has been administered and no epinephrine is available
- Notify school nurse and parent/guardian of change in condition
- Student may carry and is trained to self-administer antihistamine     Yes     No
- Student may carry and is trained to self-administer rescue inhaler     Yes     No

**\*\*\*\*\* If student has a food allergy, please complete Request for Special Dietary Accommodations and Attachment A: Foods to be Omitted and Substituted form \*\*\*\*\***

LHP Signature		LHP Print Name	
Start date	End date	<input type="checkbox"/> Last day of school	<input type="checkbox"/> Other
Date	Telephone	Fax:	

## Allergy Care Plan – Part 2 – Parent/Guardian

STUDENT NAME \_\_\_\_\_

### Food Allergy Accommodations

- Foods and alternative snacks will be approved and provided by parent/guardian
- Notify parent/guardian of any planned parties as early as possible
- Classroom projects should be reviewed by the teaching staff to avoid specified allergens

Student is able to make their own food decisions  Yes  No

When eating, student requires:  Specified eating location, where \_\_\_\_\_  
 No restrictions  Other \_\_\_\_\_

### Transportation: Transportation staff should be alerted to student's allergy

- Student carries allergy medication on the bus  Yes  No
- Medication can be found in  Backpack  On person  Other (specify) \_\_\_\_\_
- Student will sit at front of the bus  Yes  No
- Other (specify) \_\_\_\_\_

### Field Trip/Extracurricular Activity: Allergy medication must accompany student during any off-campus activity

- Student must remain with the teacher or parent/guardian during the entire field trip  Yes  No
- Field trip staff must be trained to medication and health care plan (health care plan must also accompany student).

### Other accommodations

- Does student need other classroom, school activity, or recess accommodations  Yes  No
- If yes, contact the school counselor or 504 coordinator

### EMERGENCY CONTACTS

<b>Parent/Guardian</b>	Name	<b>Parent/Guardian</b>	Name		
	Primary #		Primary #		
	Other #		Other #		
	Other #		Other #		
Name:		Relationship:		Phone:	
My child may carry and is trained to self-administer their allergy medication <input type="checkbox"/> Yes <input type="checkbox"/> No Provide extra for office <input type="checkbox"/>					
My child may carry and is trained to self-administer their rescue inhaler <input type="checkbox"/> Yes <input type="checkbox"/> No Provide extra for office <input type="checkbox"/>					

- A new care plan and medication/treatment order must be submitted each school year.
- If any changes are needed to the care plan, it is the parent/guardian's responsibility to contact the school nurse.
- It is the parent/guardian's responsibility to alert all other **non-school** programs of their child's health condition.
- Medical information may be shared with school staff working with my child and EMS, if they are called.
- I have reviewed the information on this care plan/504 and medication/treatment order and request/authorize trained school employees to provide this care and administer medication/treatment in accordance with the licensed healthcare provider's (LHP) instructions.
- This care plan includes a medication order, which should be discontinued by the LHP if or when appropriate.
- I authorize the exchange of information about my child's allergy between the LHP office and the school nurse.

**I have reviewed and agree with this health care plan/504 and medication/treatment order.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

<b>For School District Nurse Only</b>	<b>504 Plan <input type="checkbox"/></b>
A Registered Nurse has completed a nursing assessment and developed this allergy care plan in conjunction with the student, their parent/guardian and their LHP. Student may carry and self-administer the medication ordered above: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has the student has demonstrated to the registered nurse, the skill necessary to use the medication and any device necessary to administer the medication as ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No Device(s) if any, used _____ Expiration date(s) _____	
_____ Registered Nurse Signature	
_____ Date	