



Care Plan/Emergency Action Plan - Severe Allergy

Student Name _____ Birth Date: _____ Age When Diagnosed _____

Parent Name _____ Phone # _____

_____ Phone # _____

Doctor Name _____ Phone # _____

Please Check All Allergens That Apply to Your Child:

Peanuts		Bee/Wasps/Insect Stings	
Tree Nuts		Latex	
Shellfish		Animal Dander (specify):	
Eggs		Other (specify):	

Please Check All Allergy Symptoms That Your Child May Have if Exposed:

Wheezing/Difficulty Breathing/Chest Pain or Tightness/Cough		Difficulty Speaking/Hoarse Voice/Trouble Swallowing	
Nausea/Vomiting/Diarrhea/Stomach Cramps		Hives/Itchy Rash/Swelling of Face or Arms/Legs	
Restlessness/Anxiety/Feeling of Impending Doom/Fear		Swelling Lips/Tongue/Throat Tightness	
Feeling of Itching Inside		Pale or Bluish Skin Color	
Rapid Pulse/Dizziness/Fainting		Other (specify):	

What word(s) does your child use to first describe his/her allergy symptoms? _____

Does your child have asthma? YES or NO If yes, will your child keep a rescue inhaler at school? YES or NO

Has your child ever been treated in the ER or admitted to the hospital for a severe allergic reaction? YES or NO

If Your Child is Allergic to Peanuts: (respond to the following 3 statements)

1. I wish for my child to sit at a "peanut-free" table during lunch. YES or NO
2. I wish for my child to sit near his/her teacher and at least 2 seats away from anyone eating peanut products. YES or NO
3. I wish for all lunch bags/boxes brought from home be stored separately (either in a tote container in the classroom or separately outside the classroom.) YES or NO

Emergency Care For Allergic Reaction

- Recognize Symptoms of Allergic Reaction. Do Not Leave Student Alone. Symptoms usually begin within minutes of exposure, but may be delayed. Sometimes symptoms improve, only to recur or progress a few hours later.
- Immediately Accompany To Health Office Or Contact School Nurse.
- Call 911, Then Contact the Parent/Guardian at the Numbers Listed Above.
- Treat With EPI-PEN And Benadryl if Ordered (EPI-PEN Instructions on back)
- Encourage the Student to Stay Calm. Reassure Him/her that the Medicine will help.
- Have Breathe Slowly and Deeply In Through the Nose and out through the mouth..
- Monitor Breathing and begin Rescue Breathing as Necessary.
- Stay with student and Reassess Continuously until EMS Arrives.

Signatures	Date	Parent	School Nurse	Date	Grade/Teacher
Plan Initiated					
1 ST Review					
2 ND Review					