

 Health Care Plan

 Severe Allergy:

*(Student cannot attend class or any Seedlings event without the rescue medication.)*

Student Last, Middle, First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Room #: \_\_\_\_\_\_\_\_Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clinic Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student has severe allergy to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is treatment needed at school?**

□Yes

□No

Describe symptoms in previous reactions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student also has asthma?** **[ ]**  No **[ ]** Yes.

If yes, rescue inhaler may be used **after** the Epinephrine has been given: **[ ]** Yes **[ ]**  No

**Treatment for *Serious Symptoms:***

|  |  |
| --- | --- |
| **Exposure OR has Serious Symptoms**:* Hives or swelling in areas other than allergen contact area.
* Itching, swelling of lips, tongue, throat,

Or mouth.* Sense of tightness in throat, hoarseness
* Significant shortness of breath, repetitive coughing, wheezing.
* Nausea, cramps, vomiting, and/or diarrhea.
* Lightheadedness; dizziness; passing out.
 | 1. **Give Epi-Pen Injection Immediately**

 *(side effects: increased heart rate, nervousness, headache)*Epi-Pen auto-injector: [ ]  0.15mg OR [ ]  0.3mg [ ]  If symptoms continue, repeat Epinephrine after 5 - 10 minutes.  ***(If repeat dose ordered, please provide school with 2nd dose.)*** [ ]  **After** giving epi-Pen, give \_\_\_ml or mg *(circle one)* of Benadryl 1. **Call 911**
2. Call to parent/guardian.
3. Remain with student until EMS arrives.

**TRANSPORTATION:**  Pull over and call 911; Call Trans. Manager; Call  Parent; Call Center Management. |

**Treatment for *Mild Symptoms*:**

|  |  |
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|  **Exposure or has Mild Symptoms:** **[ ]** A few localized hives [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   **[ ]**  Notify parent/guardian to pick up student for observation. **[ ]** 1. Give \_\_\_\_\_\_\_\_\_\_ ml or mg *(circle one)* of Benadryl (antihistamine)  2. Notify parent/guardian that antihistamine was given & have parent  Pick up student for further observation at home. **[ ]  If a serious symptom develops, give Epi-Pen as instructed above.****TRANSPORTATION:** Leave route, drop off child; Call Transportation  Director; Call Parent, Call Center Management |

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 ***Licensed Health Care Provider Signature* Date *Printed LHCP Name***

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 **ESD 105 Health Representative Date Staff Signature Date**

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 **Advocate Date Staff Signature Date**

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 **Parent Signature Date USDA Signature Date**

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 **Transportation Date Emergency Number**

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| --- |
| Rescue medication \_\_**X**\_\_ Original in Student File \_\_\_\_ Posted on classroom bulletin board \_\_\_\_ Flagged in ChildPlus \_\_\_\_ **Copy in:** Room emergency binder \_\_\_\_ Front office emergency binder \_\_\_\_ Transportation \_\_\_\_ Entered in ChildPlus \_\_\_\_ Uploaded into ChildPlus \_\_\_\_ |