

Health Care Plan – Allergy Care & Anaphylaxis Emergency

The school is requesting the following information so we can better assist your child with their allergy while at school or should an anaphylaxis reaction occur at school.

Information and Contact:

Name: _____ Date of Birth: _____

Grade: _____ Classroom teacher: _____

Emergency Telephone:

Mother: _____ Father: _____

Student Medical Information:

This student has been found to be allergic to (please indicate) _____
and expect the following symptoms (circle those applicable)

Skin	Itch / redness / hives / welts / face swelling
Gut	Stomach cramps / nausea / vomiting / diarrhoea
Heart	Thumping of heart / dizziness / fainting / collapse
Breathing	Tongue swelling / throat swelling / wheeze / noisy breathing / asthma / difficulty speaking / persistent cough / blue lips indicating oxygen deficiency

Other _____

Past reactions have been	Mild / moderate / severe
Dangerous Symptoms have been	Absent / present in the past
The risk of DANGEROUS reactions if exposed is	Low / moderate / high

This student **HAS / HAS NOT** been advised to have an EpiPen available in case of an emergency.

First Aid Plan:

- Get student to spit out the food / Rinse mouth / Wash hands and face
- Get (antihistamine) _____ Dosage: _____
- Get EpiPen ready in case it is needed (if prescribed)
- Observe for dangerous symptoms such as difficulty breathing / fainting / throat, lips or tongue swelling etc / dangerous symptoms appear, administer EpiPen.
- Called ambulance.
- Notify parents.

Remarks:

I hereby give permission to the school nurse to assist with or perform the administration of each prescribed medication for my child in case of an emergency. I understand that it is my responsibilities to notify the school if there is a change in the medication / treatment plan.

Parent's / Guardian's signature

Date