

Crivitz School District
HEALTH CARE PLAN FOR THE MANAGEMENT OF KNOWN ALLERGY

STUDENT _____ BIRTH DATE _____

SCHOOL _____ TEACHER _____ GRADE _____ SCHOOL YEAR _____

PARENT/GUARDIAN 1: _____ PARENT/GUARDIAN 2: _____

DAYTIME PHONE: (____) _____ DAYTIME PHONE: (____) _____

CELL: (____) _____ CELL: (____) _____

HEALTH CARE PROVIDER _____ PHONE (____) _____

☐ My child has a **mild** (does **NOT** require an EpiPen) allergy to: _____

☐ My child is at risk for a **SEVERE** (requires an EpiPen) allergic reaction to:

- ☐ Bee/wasp/insect stings ☐ Food _____
(specify)
- ☐ Other _____
(specify)

Complete ***“Food Allergy & Anaphylaxis Emergency Care Plan”*** form if EpiPen is prescribed. Must be signed by parent/guardian and healthcare provider.

1. Date of his/her most recent reaction: _____
 2. Will s/he wear an allergy alert bracelet/necklace? ☐ YES ☐ NO
 3. If s/he has symptoms at school, staff will:
 - Administer medication as authorized by healthcare provider and parent
 - Call 8-911(school phones)
 - Call parent/guardian
 4. Other important information: _____
-

Symptoms typically seen during an allergic reaction: (Circle **ALL** that apply.)

EYES/NOSE: red, watery eyes; runny nose

THROAT: itching; sense of tightness; change in voice; coughing; difficulty swallowing

LUNG: difficulty breathing; repeated coughing; wheezing

HEART: dizziness; change in skin color; fainting or loss of consciousness

MOUTH: itching; tingling; swelling of lips, tongue or mouth

SKIN: hives; itchy rash; swelling

GUT: nausea; stomachache; abdominal cramps; vomiting; diarrhea

GENERAL: panic; sudden fatigue; fear that something bad is about to happen

OTHER: _____

Transportation Considerations: (Check ALL that apply.)

My child: _____ Walks to school _____ Drives or is driven to school _____ Rides the bus

Bussed students:

- All busses have a no eating/drinking policy
- A copy of this Health Care Plan and the Food Allergy & Anaphylaxis Emergency Care Plan will be shared with the Bus Driver/Substitute Driver
- A child that self-carries/self-administers their own epinephrine, will be allowed to do so on the bus, if necessary
- If a child has an anaphylactic reaction on the bus the driver will safely bring the bus to a stop, call 911 and then notify the parent/guardian

Lunchroom/Classroom Considerations: (Check ALL that apply.)

- _____ My child will **NOT** require any special precautions while at school
- _____ My child will require the following precautions:
- _____ Will wash his/her hands before/after eating
- _____ Will sit in an assigned place to eat
- _____ Will sit at a specified allergen-safe table that has been appropriately cleaned with fresh wiping cloths, soap and water
- _____ Will eat **ONLY** food items sent from home
- _____ Will eat food items pre-approved by parent/guardian
- _____ Other: _____

NOTE: Standard Allergy Precautions for Teachers:

- Reinforce “No Food Sharing / No Food Trading Rule”
- Review curriculum (art, crafts, science, cooking, etc.) to avoid specific allergen(s)
- Inform parent/guardian as soon as practical of planned parties, activities and/or field trips
- Take Parent/Physician-authorized medication(s) and cell phone on all off-site activities
- In elementary school teacher to send notification letters to **ALL** parent(s)/guardian(s) of classmates within homeroom regarding food allergies.

PARENT / GUARDIAN CONSENT

I understand that this Health Care Plan and the Food Allergy & Anaphylaxis Emergency Care Plan will be given to school personnel who work closely with my child. It will remain in effect through the end of the current school year unless changed by me in writing. It is my responsibility to inform supervising staff of my child's health needs if s/he participates in before-school, after-school and extra-curricular programming and to provide the needed emergency medications. I give permission for an exchange of information between school district personnel and the health care provider listed, if necessary, regarding information contained in this Health Care Plan and the Food Allergy & Anaphylaxis Emergency Care Plan.

Parent/Guardian Signature _____ Date _____

Health Services-School Nurse distributed copies to:

- Classroom Teacher(s) Date _____
- Art/Phy Ed/Music Teacher Date _____

FOR SCHOOL USE ONLY

- Lunchroom Supervisors Date _____
- Bus Driver/Sub Driver Date _____

OTHER _____ Date _____

Emergency Medication will be:

☐ Kept in health room/office ☐ Carried by student and kept in _____ ☐ Other _____

Name: _____ D.O.B.: _____

Allergy to: _____

 Weight: _____ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

**PLACE
PICTURE
HERE**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A
COMBINATION**
of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____



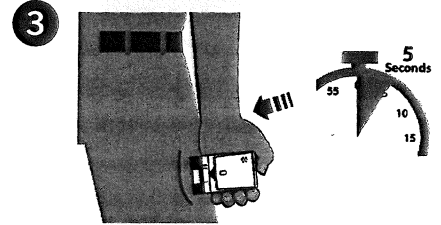
**FARE**

Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

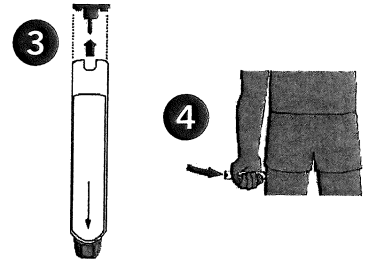
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly, and hold in place for 5 seconds.
5. Call 911 and get emergency medical help right away.



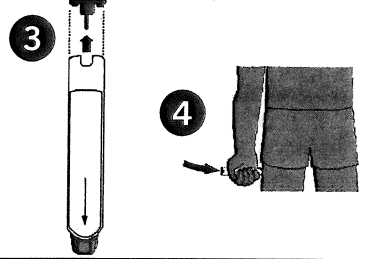
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



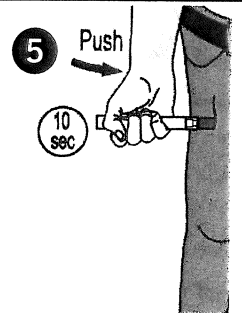
HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENAClick®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____