HARRISBURG SCHOOL DISTRICT 41-2

Allergy Health Care Plan

Student's Name:_____ Birth Date: ___/___/____ Bus: □ Yes □ No

School:_____ Teacher:_____ Grade:_____

Parent/Guardian: _____ Phone:_____

_____ Phone: _____

Emergency Contact: 1)_____ Phone: _____

2)_____ Phone: _____

Physician: _____Phone/ Fax: _____

Allergist:_____Phone/Fax:_____

ALLERGIC TO: _____

History of Asthma: □ Yes * □ No History of Anaphylaxis □ Yes * □ No (*higher risk for severe reaction)

Describe History:_____

TO BE COMPLETED BY PHYSICIAN:

If Student Has These Symptoms: *Potentially life threatening. The severity of the symptoms can change quickly.	**Give Checked Medication or Observation:** (to be determined by the physician authorizing treatment)
Mouth: itching, tingling or swelling of lips, tongue, mouth	☐ Epinephrine ☐ Antihistamine ☐ Observation
Skin: Hives, itchy rash, swelling of the face or extremities	☐ Epinephrine ☐ Antihistamine ☐ Observation
GI: Nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine ☐ Antihistamine ☐ Observation
Throat:* tightening of throat, hoarseness, hacking cough	☐ Epinephrine ☐ Antihistamine ☐ Observation
Lung:* Shortness of breath, repetitive cough, wheezing	☐ Epinephrine ☐ Antihistamine ☐ Observation
Heart:* Weak, thready pulse, low blood pressure, fainting, pale, blueness	☐ Epinephrine ☐ Antihistamine ☐ Observation
Other:*	☐ Epinephrine ☐ Antihistamine ☐ Observation

***The following to be determined by the physician authorizing treatment*:**

EPINEPHRINE TYPE and DOSE:

□ EpiPen Jr. (0.15mg) □ EpiPen (0.3mg)
□ AuviQ (0.15mg) □ AuviQ (0.3mg)

May carry and self-administer medication: □ Yes □ No

ANTIHISTAMINE TYPE and DOSE:

□ Benadryl (also known as Diphenhydramine)
- □ 12.5mg (1 teaspoon or 1 chewable)
- □ 25 mg (2 teaspoon or 2 chewable or 1 tab)
- □ 50mg (4 teaspoon or 4 chewable or 2 tab)
- □ Other Antihistamine_____

_____ _____ _____ _____

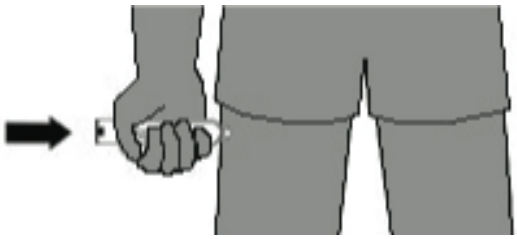
Physician Signature Date Parent/Guardian Signature Date

EpiPen Auto-Injector and EpiPen Jr Auto-Injector Directions

1) First Remove the EpiPen Auto–Injector from the plastic carrying case.

2) Pull of safety release cap.

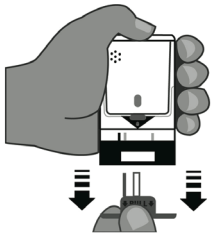
3) Hold tip near outer thigh (always apply to thigh)



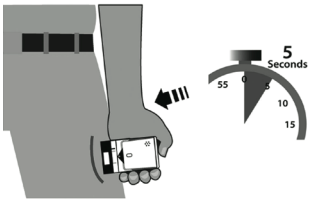
4) Swing and firmly push tip against outer thigh. Hold on thigh for approximately 10 seconds.
5) Remove the EpiPen Auto-Injector and massage the area for 10 more seconds.

Auvi-Q 0.3mg and Auvi-Q 0.15mg Directions

1) Remove the outer case of Auvi-Q. This will automatically acitvate the voice instructions.
2) Pull of RED safety guard.



3) Place black end against outer thigh, then press firmly and hold for 5 second.



*Back up epinephrine should be kept in the School Health Office. This will be sent on all field trips for elementary and middle school. High school students will be responsible for carrying their own epinephrine on field trips.

***In Harrisburg, EMS will be activated by a call to 911 at which time we will state that we need transport to the hospital by Rural Metro. Harrisburg Volunteer Fire Department is typically first on the scene to further assist.**

*A **Medication and Treatment Authorization Form** must be completed and kept on file in the school health office. New Health Care Plans are completed yearly. Any updates throughout the school year should be submitted to the School Nurse.

* *This information will be come part of your child's confidential permanent record. If for any reason you do not wish to respond to part(s) of this form you are under no obligation to do so. Please understand that we are not responsible for injury or illness that may be a result of these omissions.*

By signing below I understand that I am giving my permission to share this information with school staff/trained personnel as needed with strict confidentiality maintained by all. I also give my permission for the school nurse/aide to contact the Primary Care Physician or Allergist if further information or clarification is needed.

Parent/Guardian Signature:_____ Date:_____

School Nurse Signature:_____ Date:_____