



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:

Table with 2 columns: 'If Student Has These Symptoms:' and 'Give Checked Medication or Observation:'. Rows include Mouth, Skin, GI, Throat, Lung, Heart, and Other symptoms with corresponding medication checkboxes.

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

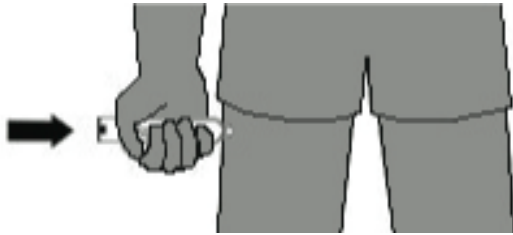
Date

**EpiPen Auto-Injector and EpiPen Jr Auto-Injector Directions**

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



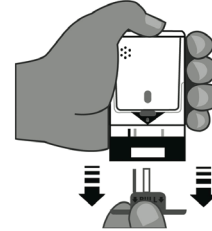
- 2) Pull of safety release cap.
- 3) Hold tip near outer thigh (always apply to thigh)



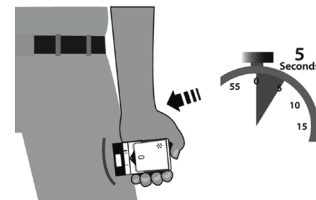
- 4) Swing and firmly push tip against outer thigh. Hold on thigh for approximately 10 seconds.
- 5) Remove the EpiPen Auto-Injector and massage the area for 10 more seconds.

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

- 1) Remove the outer case of Auvi-Q. This will automatically activate 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: \_\_\_\_\_