

VISTA UNIFIED SCHOOL DISTRICT
EMERGENCY HEALTH CARE PLAN

ALLERGIC REACTION TO _____

Student: _____
 Weight: _____ Date Weighed: _____ DOB: _____ Grade: _____
 Parent: _____ School: _____ Teacher: _____
 Phone: _____

FOR MILD ALLERGIC REACTION

Symptoms	What to Do
<ul style="list-style-type: none"> • Several hives • Itchy skin • Swelling at site if an insect sting or bite • _____ • _____ 	<ul style="list-style-type: none"> • Student must be accompanied to health office. • Give _____ orally Antihistamine/Dose • Stay with student • Keep student quiet • Monitor symptoms _____ • Contact parent

In some cases, symptoms may progress to a life threatening reaction.

FOR SEVERE ALLERGIC REACTION

Symptoms	What to Do
<ul style="list-style-type: none"> • Hives spreading over the body • Wheezing • Difficulty swallowing or breathing • Swelling of face or neck • Tingling/swelling of tongue • Vomiting • Shock <ul style="list-style-type: none"> • Pale/gray color • Clammy skin • Weak • Loss of consciousness 	<ul style="list-style-type: none"> • Administer EpiPen* <ul style="list-style-type: none"> <input type="checkbox"/> EpiPen (Physician, Please check appropriate one). <input type="checkbox"/> EpiPen Jr. • Call 911 immediately. (EpiPen only lasts 20 – 30 minutes. Always call paramedics!) • Contact parents or other emergency contact • Also give _____ orally Antihistamine/Dose/Time • Stay with student • Keep student quiet • Monitor Symptoms

- **Indicate here if student is capable of carrying/using own Epi-Pen.** Yes No
- **Location of EpiPen:** Locked med cabinet in Health Office Backpack Other _____

***Directions for use of EpiPen:**

1. Pull off grey cap
2. Place black tip against upper outer thigh
3. Press hard into outer thigh until it clicks
4. Hold in place for ten seconds, then remove
5. Discard EpiPen in impermeable container and dispose of per school policy or give to emergency responder. (Do Not Return to Holder).

<p>For School use only when medication(s) are used.</p> <p><input type="checkbox"/> _____ mg. given po @ _____ AM/PM</p> <p><input type="checkbox"/> EpiPen given @ _____ AM/PM (Circle AM or PM)</p> <p><input type="checkbox"/> EpiPen Jr. given @ _____ AM/PM (Circle AM or PM)</p>	<p>Signed _____</p> <p>Date _____</p>
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Physician's Signature: _____ Date: _____
 Phone Number: _____ Fax Number: _____
 Physician's License # _____
 Parent Signature: _____
 School Nurse: _____
 Blank plan form sent home to parent: _____ Date: _____
 Revised 9/14/06st

