

Northampton Area School District

EMERGENCY HEALTH CARE PLAN: FOOD ALLERGY

SCHOOL: _____

Student: _____ Grade: _____ Date: _____

FOOD ALLERGY: _____

Foods that trigger student's allergies: _____

Symptoms student manifests when exposed to the allergen: _____

MEDS: Epipen: Yes No Other: Yes (Name/Dose: _____) No

Location of Meds: _____

If medication is required at school, signed prescription and parental forms are required.

Parent/Guardian _____ Phone _____ Phone _____

Parent/Guardian _____ Phone _____ Phone _____

Other Emergency Contact _____ Phone _____

Physician _____ Phone _____

FOOD ALLERGY PROTOCOL:

1. If student exhibits mild symptoms (several hives, itchy skin) OR If ingestion is suspected:

- student will be sent to the health room accompanied by another person
- parents contacted
- observe for more serious symptoms

2. If symptoms progress to a life threatening reaction:

- hives spreading over body
- wheezing, difficulty breathing or swallowing
- swelling of the face/neck
- tingling/swelling of the tongue
- signs of shock (extreme paleness/gray color/clammy skin)

PROCEED TO EMERGENCY RESPONSE

3. EMERGENCY RESPONSE:

- Administer Epipen
- Call 911
- Contact parents/emergency contact
- Other special instructions: _____

Trained Staff Members:

Name	Room #	Signature
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1. _____

2. _____

I give my permission for this information to be shared with adults at NASD on a need to know basis. This health care plan will be in effect for the current school year. I understand that it is my responsibility to notify the Health Services office whenever there is a change in my child's health status or care.

Parent/Guardian Signature

Date

Parent/Guardian Signature

School Nurse