

Howards Grove School District Student Food Allergy Health Action Plan

School Year _____

Student Name _____

Date of Birth _____

Parent/Guardian _____

Home Phone _____

Work Phone _____

Emergency Contact _____

Phone # _____

Name of Doctor _____

Phone # _____

Allergy Management Plan

Foods your child is allergic to: _____

Check the symptoms your child has during an allergic reaction:

<input type="checkbox"/> Hives	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Difficulty breathing
<input type="checkbox"/> Tongue swelling	<input type="checkbox"/> Tightness in chest	<input type="checkbox"/> Unconsciousness
<input type="checkbox"/> Swelling at the site	<input type="checkbox"/> Drop in blood pressure	<input type="checkbox"/> Other _____
<input type="checkbox"/> Itching	<input type="checkbox"/> Redness at the site	_____

If a reaction occurs, how soon does the reaction occur; and what first aid measures are school personnel to take?

Does your child require medication for a food allergy? Yes No What? _____

Does your child have an Epi-pen? Yes No

Does your child have an Epi-pen at school? Yes No Where? _____

(If medication is required at school, a medication authorization form must be completed.)

Please Complete and Sign Reverse Side of This Action Plan

Emergency Plan

STEPS TO TAKE DURING AN ALLERGIC REACTION:

1. **Review student's individual plan of care.**
2. Verify student signs/symptoms of allergic reaction, and follow parent-written first aid instructions on the front side of this action plan. Do not send the student home unattended if they have been treated for an allergic reaction.
3. If student is experiencing an anaphylactic reaction (hives, itching, swelling, difficulty breathing, cyanosis) and has injectable epinephrine at school:
 - a. Administer or assist student with self-administration.
 - b. Call 9-911, and inform emergency personnel of severe food allergic reaction and that an epinephrine injection has been given.
 - c. Call parent/guardian or emergency contact.
 - d. Stay with student, and maintain an open airway until emergency personnel arrive. Student should be transferred to hospital or nearest emergency room at the parent/guardian expense.
 - e. Record administration or self-administration of medication in the student's health record (include date, time, source of exposure, treatment, if EMS was called, and signature).

This information may be shared with the classroom teacher(s), bus driver, and other appropriate school personnel with a need to know.

Parent/Guardian Signature

Date