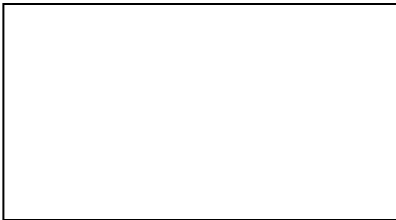


To Be Completed by the Health Care Provider/Parent



**ALLERGY
HEALTH CARE PLAN**

Name: _____ Age: _____ Date of Birth: _____ Grade: _____

School: Huber Heights City Schools. Homeroom Teacher: _____ Room: _____

Parent/Caregiver Name: _____

Address: Phone: _____ E-mail: _____

*****Attach Student Emergency Health Information for additional emergency contacts*****

Health Care Provider Treating Student for Allergy: _____ Phone: _____ Fax: _____

To provide assistance to a pupil experiencing an allergic reaction:

<p>1. Type of allergy: _____</p> <p>2. Identify the triggers which start an allergic reaction. _____ _____</p> <p>3. Possible allergic signs: _____ _____</p> <p>OTHER: _____</p>	<p>ACTIONS TO TAKE: (DO THIS)</p> <p>STAY CALM STAY WITH STUDENT AND CALL FOR HELP GIVE MEDICATION (if prescribed) NAME OF MED: Epi-pen Auvi-Q Adrenacllick How to give: IM Amount: _____ When to give/repeat: _____ Location of med: _____</p> <p>OTHER: _____</p> <p>NOTIFY PARENTS/GUARDIAN DOCUMENT OCCURANCE IN CHILD'S FILE ***By law a completed and signed Medication Form must be on file at the school before medication can be administered at school.</p>
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CALL 911 IF STUDENT HAS:

- Difficulty breathing or noisy breathing
- Tightness of chest
- Swelling of tongue, eyes or lips
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- A wheeze or persistent cough
- Loss of Consciousness and/or collapse
- Vomiting, stomach cramps, or diarrhea
- Blue discoloration of lips or fingernails
- Become pale and floppy (young children)

**Administer CPR if breathing stops! Have someone bring AED!
Continue CPR until paramedics arrive!**

I authorize school personnel to implement the Allergy Emergency Plan as described.

_____/_____/_____
Health Care Provider Signature Date

I give my consent for school authorities to take appropriate action for the safety and welfare of my child. I give my consent for school authorities to communicate with the authorized health care provider when necessary.

_____/_____/_____
Parent/Guardian Signature Date