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:

1. Type of allergy: _____ 2. Identify the triggers which start an allergic reaction. _____ _____ 3. Possible allergic signs: _____ _____ OTHER:	**ACTIONS TO TAKE: (DO THIS)** **STAY CALM** **STAY WITH STUDENT AND CALL FOR HELP** **GIVE MEDICATION (if prescribed)** **NAME OF MED: Epi-pen Auvi-Q Adrenaclick** **How to give: IM** **Amount: _____** **When to give/repeat: _____** **Location of med: _____** **OTHER: _____** **_____** **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.**

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**

RDB 2/15