

CLEVELAND CITY SCHOOLS ALLERGY HEALTH CARE PLAN

<u>Name:</u>	<u>Grade:</u>
<u>Age:</u>	<u>School:</u>
<u>Severe Allergy to:</u>	

SIGNS OF AN ALLERGIC REACTION

Symptoms to look for:

• MOUTH	-itching & swelling of the lips, tongue or mouth, drooling
• THROAT*	- itching and/or a sense of tightness in the throat, hoarseness, and hacking cough, choking
• SKIN	- hives, itchy rash, and/or swelling about the face or extremities, flushed face
• GUT	- nausea, abdominal cramps, vomiting, and/or diarrhea
• LUNG*	- shortness of breath, repetitive coughing, and/or wheezing
• HEART*	- “thready” pulse, “passing-out”, rapid heart rate
• OTHER	- dizziness, unsteadiness, sudden fatigue, chills, loss of consciousness
The severity of symptoms can quickly change.	
* Symptoms above can potentially progress to a LIFE-THREATENING situation.	
*** Do not hesitate to call 911 ***	

Health Plan:

Parent agrees to notify school nurse of any changes regarding treatment plan.

Other health concerns:

Medications:

Dose/Time:

Dietary concerns/restrictions:

Parent Signature*

Date:

* signatures required

More information on other side →

Contact Information:	
Address:	
Parent/Guardian:	Home phone:
1. _____	Work: _____ Cell: _____
2. _____	Work: _____ Cell: _____
Emergency contact:	Phone:
Primary Care Physician:	Phone:
Speciality MD:	Phone:
School Nurse:	Phone:

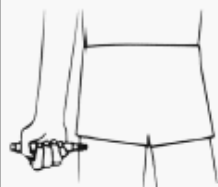
IF EPIPEN IS RECOMMENDED, SEE DIRECTIONS BELOW:

EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off gray safety cap



2. Place black tip on outer thigh (always apply to thigh)



3. Using a quick motion, press hard into thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and discarded. Massage the injection area for 10 seconds.