

Student's Name: _____ Grade: _____
Severe Allergy to: _____
Reaction to the above: _____
Has student been hospitalized for this reaction: _____ If yes, date _____
Medications taken on a daily basis: _____
Are there diet restrictions? YES _____ NO _____

From the School Nurse: The "Severe Allergy Care Plan" is completed as a group effort and requires input from both the parent and the physician. Please note that this form does require a physician's signature. When I receive the completed form in my office, I will review it and share the information with your student's instructors.

Reminder: Faculty should carry EpiPen on all Field Trips. It should be kept at room temperature.

Mild symptoms of my student's allergy include the following: _____
Treatment for **mild symptoms** as listed above: _____

Severe reactions may be life threatening and include:

- Wheezing
- Swelling (face, neck)
- Tingling/swelling of tongue
- Vomiting
- Shock
- Loss of consciousness
- Other: _____

Treatment for life threatening reaction including symptoms listed above:

EpiPen Jr. 0.15 mg

or

EpiPen 0.3 MG

1. Give immediately in outer thigh.

- Pull off gray cap
- Place black tip against outer thigh and press hard until unit clicks.
- Hold in place 10 seconds, then withdraw.
- Dispose of in impermeable can or, give to emergency provider.

2. Call 911 or, take student to the nearest Emergency Room.

3. Contact parent/guardian.

I authorize student to have access to EpiPen:

Health Care Provider signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____