EMERGENCY HEALTH CARE PLAN FOR KNOWN SEVERE ALLERGIC REACTIONS

(please return this form to your child's school)

Waterloo School District

Stude	ent Name	Home Phone
Birth	ent Name Grade _	Father's phone
		Mother's phone
Teac	her	Physician
Parei	nt/Guardian	Physician's phone
Date	of last reaction	
The abo	ove student is at risk for severe allergion	c reaction to:
	☐ Bee/wasp/insect sting	☐ Medication (specify)
	☐ Food(specify)	□ Other
Usual s	(specify) symptoms seen	(specify)
Physici	ian: Please check option A, B, or C	for school staff to follow:
Туре о	f Epipen ordered:Epi-po	en (0.3 mg epinephrine) orEpi-Pen Jr. (0.15 mg epinephrine)
A. B.	Give Epi-pen immediately upon e After exposure, give Epi-pen shou	exposure to above listed allergen. ald <u>anv</u> of the following symptoms occur:
	$\sqrt{\text{difficulty breathing or wheezing}}$ swelling of the lips, tongue, or t	y change in voice quality (hoarseness, high pitch, coughing) hroat √ raised rash (hives) which may progress to areas away from the site of a sting (if caused by bee/wasp sting)
C.	Give the following medication (i.e. Benadryl) for the following mild symptoms:	
	Name of Medication	Dose
	Then administer Epi-Pen should a	any of the following severe symptoms occur:
When g	giving Epi-Pen, immediately do the fo	ollowing in this order:
1. the hip		the muscle found over the outer-front aspect of the thigh halfway between the knee and clothing). <u>DO NOT</u> inject into the buttock.
The Ep	i-pen is kept:	
	It should be stored at room tempe	rature-not in the refrigerator. Do not use if it is brown, discolored or precipitated.
2.	Call the Rescue Squad (911) to tra or "Epi-Pen Jr. given at (time)".	ansport-copy the emergency card to send along-mark on copy: "Epi-Pen given at (time)"
3.	Treat student for shock until Resc	√ Keep warm
4.	Notify parent	$\sqrt{\text{Provide rescue breathing or CPR as needed}}$
5.	Notify school district nurse.	
aides) r adminis	may be required to administer a drug of	that no school employee except a health care professional (this does not include health or prescription drug to a student by any means other than ingestion. The Epi-Pen lunteer person following the above guidelines and authorized by the parent and physician
PAREN	NT/GUARDIAN SIGNATURE	_DATE
PHYSICIAN SIGNATURE		_DATE

(or prescribing health care practitioner)