SOUTH PASADENA UNIFIED SCHOOL DISTRICT
EMERGENCY HEALTH CARE PLAN AND MEDICATION CONSENT FOR ALLERGY

ALLERGIC REACTION TO _____

Student: _____ **DOB:** _____ **Grade:** _____
Parent: _____ **School:** _____ **Teacher:** _____
Address: _____ **Phone:** _____

FOR MILD ALLERGIC REACTION

Symptoms	*What to Do*
• Several hives • Itchy skin • Swelling at site if an insect sting or bite • _____ • _____	• Student must be accompanied to health office. • **Give** _____**orally** **Antihistamine/Dose** • Stay with student • Keep student quiet • Monitor symptoms_____ • Contact parent • Other: Administer EpiPen/Jr even for mild reaction without breathing difficulty? Yes No _____

In some cases, symptoms may progress to a life threatening reaction:

FOR SEVERE ALLERGIC REACTION

Symptoms	*What to Do*

• Hives spreading over the body
• Wheezing
• Difficulty swallowing or breathing
• Swelling of face or neck
• Tingling/swelling of tongue
• Vomiting
• Shock
  • Pale/gray color
  • Clammy skin
  • Weak
  • Loss of consciousness
	• **Administer EpiPen***
	  ☐ **EpiPen** ***(Physician, Please check***
	  ☐ **EpiPen Jr.** ***appropriate one).***
	• Call 911 immediately. (EpiPen only lasts 20 – 30 minutes. Always call paramedics!)
	• Contact parents or other emergency contact
	• ***Also give*** _____**orally**
	Antihistamine/Dose/Time
	• Stay with student
	• Keep student quiet
	• Monitor Symptoms

- **Indicate here if student is capable of carrying/using own Epi-Pen/Jr.** ☐**Yes** ☐**No**
- **Location of EpiPen/Jr:** ☐ *Locked med cabinet in Health Office* ☐ *Backpack*
  ☐ *Classroom or* _____

Directions for use of EpiPen/Jr:

1. Pull off grey cap
2. Place black/orange tip against upper outer thigh
3. Press hard into outer thigh until it clicks
4. Hold in place for ten seconds, then remove
5. Discard EpiPen in impermeable container and dispose of per school policy or give to emergency responder. (Do Not Return to Holder).

Physician's Signature: _____ Date: _____
Phone Number: _____ Fax Number: _____
School Nurse: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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