

# LINN-MAR COMMUNITY SCHOOLS SEVERE ALLERGY HEALTH PLAN

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Hospital: \_\_\_\_\_

**List Allergies:**

**Usual Reactions:**

**Medications Used To Treat Allergic Reactions:**

**Typical symptoms of anaphylaxis reaction include:** *Rapid onset, feelings of apprehension, sweating, weakness, shallow, respirations, feelings of throat closing off, tingling sensations in mouth, face, or throat, itching, wheezing, loss of consciousness.*

**Emergency care of anaphylaxis reaction:**

1. Ask the student if there has been an exposure to allergen. If in doubt, treat as allergic reaction.
2. **Give emergency injection as prescribed.** See above medication. This medication will help control symptoms for 15 minutes.
3. Call 911 for emergency medical assistance.
4. Be prepared to initiate CPR if breathing ceases. Maintain airway.
5. Notify parents and school nurse.

Lunch at an allergen-free table? Yes or No (please circle one)

Additional information:

I have read and approve of the above plan for school health care:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Nurse Signature

\_\_\_\_\_  
Date