

LAKE WASHINGTON SCHOOL DISTRICT ALLERGY HEALTH CARE PLAN

Name:	Grade:
Student Number:	School:
Severe Allergy to:	

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 ***	

Emergency Health Plan

In the classroom:

- Send student to the Health Room ESCORTED if alert and oriented.
- Call School Office if symptoms progress quickly.

In the Health Room:

- **Give medications as prescribed; DO NOT HESITATE!**
- **Call 911 if EpiPen is used or at first sign of respiratory distress.**
- Monitor for symptoms of shock and/or relief with medication.
- Inform parents.

Other health concerns:

Medications:

Dose/Time:

Dietary concerns/restrictions:

Parent Signature*

Date:

* signature required

More information on next page →

Contact Information	
Address:	Teacher(s): 1. 4. 2. 5. 3. 6. 7.
Parent/Guardian(s): 1. 2.	Home phone: Work: Cell: Work: Cell:
Emergency contact:	Phone:
Primary Care Physician:	Phone:
Specialty MD:	Phone:
School Nurse:	Phone:

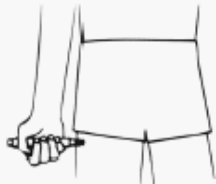
If EpiPen Is Recommended, See Directions Below:

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.**

