

**Le Sueur-Henderson Public Schools
Severe Allergy Care Plan**

Student Information:

Name: _____ Date of Birth: _____
Grade: _____ Homeroom Teacher: _____

List Allergen: _____

Describe Condition (symptoms): _____

Emergency Information:

Parent/Guardian: _____

Mother - Phone (H): _____ (W): _____

Father - Phone (H): _____ (W): _____

Physician: _____ Phone: _____

In case of emergency and unable to reach a parent, contact:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Emergency Plan:

Extreme hypersensitivity to an allergen is a potentially life-threatening condition. Signs of a severe allergic reaction (anaphylactic) may include:

- Itching, swelling or tingling of the lips, tongue or mouth; drooling
- Itching or a sense of tightness in the throat
- Hoarseness and/or a hacking cough
- Hives, an itchy rash and/or swelling about the face or extremities
- Shortness of breath
- Nausea, cramps, vomiting or diarrhea

Please discuss with your physician the steps you would like the school to take for your child in case of an insect bite or allergic reaction. If, in the judgment of school personnel, a medical emergency exists, 911 will be called.

List the steps to be taken for an allergic reaction to an insect bite or food substance:

(Steps may include giving prescribed medications, calling 911 or calling parents. If an Epi-pen is used, 911 will be called)

Location of Epi-pen: _____ Student backpack _____ Locker _____ Kept in Health Office

1. _____

2. _____

3. _____

Please Note: If medication (Epi-pen) is to be given at school, it must be accompanied by a physician's order and signed parent consent. (Authorization for Dispensing Medication at School Form)

Parent/Guardian signature: _____ Date: _____

School Nurse: _____ Date: _____