

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

Student Information:

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

Allergen: _____

Describe Condition (symptoms): _____

Emergency Contact Information:

Parent/Guardian: _____
Mother - Phone (H): _____ (W): _____
Father - Phone (H): _____ (W): _____
Physician/Clinic: _____ 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 (anaphylaxis) 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/sting or allergic reaction. If, in the judgment of the school personnel, a medical emergency exists, 911 will be called.

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

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

Location of EpiPen: _____ Student Backpack _____ Locker/Locker # _____ Kept in Health Office

1. _____
2. _____
3. _____

Please Note: If medication (EpiPen) is to be given at school, it must be accompanied by a physician's order and signed parent consent.

Parent/Guardian Signature: _____ Date: _____
School Nurse: _____ Date: _____