

Sacred Heart School
115 Washington Street, Bath, PA 18014
(610) 837-6391 – Fax (610) 837-2469

EMERGENCY HEALTH CARE PLAN: FOOD ALLERGY

Student: _____ Grade: _____ School Year: 2011-12

FOOD ALLERGY: _____

Foods that trigger student's allergies: _____

Symptoms student manifests when exposed to the allergen: _____

MEDS: Epipen: ___Yes ___No Other: ___Yes ___No (name/dose) _____

Location of Meds: _____

If medication is required at school, signed prescription and parental forms are required.

Parent/Guardian _____ Phone _____

Parent/Guardian _____ Phone _____

Other Emergency Contact _____ Phone _____

Physician _____ Phone _____

FOOD ALLERGY PROTOCOL:

1. If student exhibits mild symptoms (several hives, itchy skin) or If ingestion is suspected:
 - a. Student will be sent to the health room accompanied by another person
 - b. Parents contacted
 - c. Observe for more serious symptoms
2. If symptoms progress to a life threatening reaction:
 - a. Hives spreading over body
 - b. Wheezing, difficulty breathing or swallowing
 - c. Swelling of the face/neck
 - d. Tingling/swelling of the tongue
 - e. Signs of shock (extreme paleness/gray color/clammy skin)
3. EMERGENCY RESPONSE:
 - a. Administer Epipen
 - b. Call 911
 - c. Contact parents/emergency contact
 - d. Other special instructions: _____

Trained Staff Members:

I give my permission for this information to be shared with adults at NASD/Sacred Heart School on a need to know basis/ this health care plan will be in effect for the current school year. I understand that it is my responsibility to notify the Health Office whenever there is a change in my child's health status or care.

Parent/Guardian Signature

Date

School Nurse

Date