

ALLERGY EMERGENCY

Health Management Plan SCHOOL YEAR:

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STUDENT NAME:				DOB:		
SCHOOL:			S	TUDENT ID:		
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MOTHER:				FATHER:		
HOME:				HOME:		
WORK:				WORK:		
CELL:				ELL:		
If parents cannot be reached call:						
Name:				Phone:		
Physician:				Phone:		
Hospital Preference:						
A 11 ' 4						
_						
Symptoms:_						
		MILD/N	∕IINOR S	YMPTOMS		
				3	5	
	0	R	OR	OR		
Itchy, runny	nose, sneezing	Itchy Mouth		I rash, a few hives	Nausea, vomits 1 tim	ne
Give Antihistamine:Dose: (by mouth)						
Stay with student and observe for worsening symptoms (if more than 1 symptom go to SEVERE)						
Notify Parent.						
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Notify Parent.		SEVI	ERE SYM	PTOMS	. 0	,
Notify Farent.		SEVI	ERE SYM	PTOMS		, and the contract of the cont
Notiny Parent.	•	SEVE	ERE SYM	PTOMS	کی	
	Pale bluich faint			*	کی	
Shortness of	Pale, bluish, faint,	Hoarseness,	Swelling of	Several hives &/or	Vomiting more	Impending
Shortness of breath, coughing,	Pale, bluish, faint, weak pulse, dizzy	Hoarseness, tight throat,		Several hives &/or	کی	
Shortness of breath, coughing, wheezing	weak pulse, dizzy	Hoarseness, tight throat, difficulty swallowing	Swelling of tongue &/or lips	Several hives &/or redness all over	Vomiting more than once	Impending doom, anxiety
Shortness of breath, coughing, wheezing Give epinephri	weak pulse, dizzy ne injection Bra	Hoarseness, tight throat, difficulty swallowing	Swelling of tongue &/or lips	Several hives &/or redness all over	Vomiting more	Impending doom, anxiety
Shortness of breath, coughing, wheezing Give epinephri CALL 911 and n	weak pulse, dizzy ne injection Bra notify parent***	Hoarseness, tight throat, difficulty swallowing nd: *	Swelling of tongue &/or lips	Several hives &/or redness all over Dose:	Vomiting more than once	Impending doom, anxiety
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Shortness of breath, coughing, wheezing Give epinephri CALL 911 and n	weak pulse, dizzy ne injection Bra notify parent*** f applicable):	Hoarseness, tight throat, difficulty swallowing nd: Give antihistami	Swelling of tongue &/or lips	Several hives &/or redness all over Dose:Dose	Vomiting more than once	Impending doom, anxiety
Shortness of breath, coughing, wheezing Give epinephri CALL 911 and n OTHER (check i	weak pulse, dizzy ne injection Bra notify parent*** f applicable):	Hoarseness, tight throat, difficulty swallowing nd: * Give antihistami Give inhaler	Swelling of tongue &/or lips	Several hives &/or redness all over Dose:Dose Dose	Vomiting more than once	Impending doom, anxiety er, outer thigh)
Shortness of breath, coughing, wheezing Give epinephri CALL 911 and n OTHER (check i	weak pulse, dizzy ne injection Bra notify parent*** f applicable):	Hoarseness, tight throat, difficulty swallowing nd: # I Give antihistami Give inhaler D SIGNED BY A PHYSICIAL	Swelling of tongue &/or lips The	Several hives &/or redness all over Dose:Dose Dose TO CARRY AND/OR SELF-	Vomiting more than once (give in the uppe	Impending doom, anxiety er, outer thigh)
Shortness of breath, coughing, wheezing Give epinephri CALL 911 and n OTHER (check i	weak pulse, dizzy ne injection Bra notify parent*** f applicable):	Hoarseness, tight throat, difficulty swallowing nd: * I Give antihistami Give inhaler D SIGNED BY A PHYSICIAI or use and dosage of his/he	Swelling of tongue &/or lips Ine N IF STUDENT IS er epinephrine au	Several hives &/or redness all over Dose: Dose Dose TO CARRY AND/OR SELF- uto-injector. It is my profe	Vomiting more than once	Impending doom, anxiety er, outer thigh)
Shortness of breath, coughing, wheezing Give epinephri CALL 911 and n OTHER (check i	weak pulse, dizzy ne injection Bra notify parent*** f applicable):	Hoarseness, tight throat, difficulty swallowing nd: * I Give antihistami Give inhaler D SIGNED BY A PHYSICIAL or use and dosage of his/he (med)	Swelling of tongue &/or lips The N IF STUDENT IS er epinephrine an ication name and	Several hives &/or redness all over Dose: Dose Dose TO CARRY AND/OR SELF-uto-injector. It is my profeddose).	Vomiting more than once _ (give in the uppe	Impending doom, anxiety er, outer thigh) E: tudent should be allowed
Shortness of breath, coughing, wheezing Give epinephri CALL 911 and n OTHER (check i	weak pulse, dizzy ne injection Bra notify parent*** f applicable): TO BE COMPLETED AN ted student in the propenister hould be allowed to care	Hoarseness, tight throat, difficulty swallowing nd: * I Give antihistami Give inhaler D SIGNED BY A PHYSICIAL or use and dosage of his/he (mediry this epinephrine auto-ir	Swelling of tongue &/or lips The N IF STUDENT IS er epinephrine are ication name and injector while at s	Several hives &/or redness all over Dose: Dose Dose TO CARRY AND/OR SELF-uto-injector. It is my profeddose).	Vomiting more than once (give in the uppe	Impending doom, anxiety er, outer thigh) E: tudent should be allowed
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Shortness of breath, coughing, wheezing Give epinephri CALL 911 and n OTHER (check i	weak pulse, dizzy ne injection Bra notify parent*** f applicable): STO BE COMPLETED AN ted student in the prope nister hould be allowed to care (s Signature	Hoarseness, tight throat, difficulty swallowing nd: * I Give antihistami Give inhaler D SIGNED BY A PHYSICIAL or use and dosage of his/he (mediry this epinephrine auto-ir	Swelling of tongue &/or lips The In e In e	Several hives &/or redness all over Dose: Dose Dose TO CARRY AND/OR SELF-uto-injector. It is my profeddose).	Vomiting more than once _ (give in the uppe	Impending doom, anxiety er, outer thigh) E: tudent should be allowed

PARENT SIGNATURE / DATE

COUNTY SCHOOL NURSE SIGNATURE / DATE

Information about students and family is strictly confidential.