

CHES Christian School
ALLERGY PLAN /NO MEDICATION AT SCHOOL

Name of Student: _____ DOB: _____ Grade: _____

ALLERGIC TO: _____

When was the last time your student was exposed or ingested their allergen? _____

Circle the symptoms your student has when **exposed** (*smells or touches, or has insect sting*) to the allergen:
Skin: Hives Swelling Itchy red rash
Gastrointestinal: Cramps Nausea Vomiting Diarrhea
 Swelling of lips, throat and tongue
Respiratory: Itchy, watery eyes Runny nose Stuffy nose Sneezing Coughing Change in voice
 Difficulty swallowing Tightness of chest Wheezing Shortness of breath Repetitive throat clearing
Cardiovascular: Low blood pressure Fainting Chest pain Weak pulse

Circle the symptoms your student has if they **ingest** (*eats*) the allergen:
Skin: Hives Swelling Itchy red rash
Gastrointestinal: Cramps Nausea Vomiting Diarrhea
 Swelling of lips, throat or tongue
Respiratory: Itchy, watery eyes Runny nose Stuffy nose Sneezing Coughing Change in voice
 Difficulty swallowing Tightness of chest Wheezing Shortness of breath Repetitive throat clearing
Cardiovascular: Low blood pressure Fainting Chest pain Weak pulse

EMERGENCY ALLERGY PLAN

FOR ANY (1 or more) OF THE SEVERE SYMPTOMS:				MILD SYMPTOMS			
LUNG Short of breath, wheezing, repetitive cough lips	HEART Pale, blue faint, weak pulse, dizzy	THROAT tight, hoarse, trouble breathing/ swallowing	MOUTH Significant swelling of the tongue and/or	NOSE: itchy/runny nose, sneezing	MOUTH: itchy mouth	SKIN a few hives, mild itch	GUT mild nausea/ discomfort
SKIN Many hives COMBINATION over body, widespread redness	GUT Repetitive vomiting, severe diarrhea	OTHER Feeling something bad is about to happen, anxiety confusion	OR A of symptoms from different body areas	FOR MILD SYMPTOMS FROM ONE OR MORE SYSTEMS CALL PARENT Watch closely for changes, if symptoms worsen, give epinephrine <i>* Please note: Health clinic does not stock antihistamines *</i>			
1. INJECT EPINEPHRINE* IMMEDIATELY 2. CALL 9-1-1, call parent <i>*Stock epinephrine is not available on field trips*</i>							

Special Considerations and precautions

School Nurse must be notified of student's participation 10 school days prior to field trips, sports and extended day activities by staff member in charge of the events. Staff member in charge of the event will be trained by School Nurse in the Allergy plan. Staff member must have access to a phone.

PARENT NAME: _____ PHONE: _____

PARENT SIGNATURE: _____ DATE: _____

Parent will notify School Nurse immediately if the student's health status changes or if there is a change in the care plan.