

LIFE-THREATENING ALLERGY HEALTH PLAN

School Year 20__ - 20__

Student's Name: _____ School: _____ Grade: _____ Teacher: _____

Parent/Guardian Input:

List Life-Threatening Allergen(s): _____

<input type="checkbox"/> Student is aware to avoid allergen	<input type="checkbox"/> Student is aware of symptoms of an allergic reaction
Does your student ride the school bus? [] Yes [] No	Bus # _____
Does your student eat school provided lunch? [] Yes [] No	Form CHN-F017 must be signed by the physician and returned to the school nurse/cafeteria manager in order to receive substitutions. *Indicated for severe food allergies only, not preferences.
HEA-F062 Authorization for Medication at school must be completed for each medication	
*Location of emergency epinephrine (backpack, purse, nurse clinic): _____	

911/EMS MUST BE NOTIFIED IF AN EMERGENCY KIT IS ADMINISTERED AT SCHOOL

For School Nurse Only:

- ☐ Emergency Medication on the School Bus Form sent to Transportation (bus riders only)
- ☐ Child Nutrition Form sent/ on file with Cafeteria Manager
- ☐ Student demonstrated competency & proficiency in proper self-administration of emergency epinephrine.

Nursing Diagnoses: Risk for allergy response related to exposure to allergen.

- Risk for ineffective airway clearance related to bronchoconstriction, and excessive mucus.
- Risk for knowledge deficit regarding early signs and symptoms of an allergic reaction, prescribed medical treatment and management of anaphylaxis.
- Other: _____

Nursing Interventions: The School Nurse will:

- Educate school staff on early warning signs and symptoms of allergic reactions and potential anaphylaxis
- Train staff who volunteer on proper use of epinephrine and document yearly training
- Administer medications as ordered by the healthcare provider
- Other: _____

Expected Outcomes: The Student will:

- Recognize allergen and prevent exposure to prevent allergic reaction
- Inform staff immediately if having issues with swallowing, breathing, nausea, cramping, or other symptoms that may indicate an allergic reaction
- Understand and verbalize signs and symptoms of a severe allergic reaction or anaphylaxis

Additional comments:

Parent Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____