

Jericho Union Free School District
Jericho, New York

SCHOOL HEALTH SERVICES

EMERGENCY CARE PLAN-FOOD ALLERGY

Student Name: _____ DOB: ____/____/____ Grade: _____

Identified Allergen(s) _____

Asthma: Yes No Other Relevant Health Concerns _____

| | |
|------------------------|--|
| Student Picture | Contact Information |
| | Mother: Name: _____ Phone: _____ Cell Phone: _____ |
| | Father: Name: _____ Phone: _____ Cell Phone: _____ |
| | Emergency Contact : _____ Phone: _____ Cell Phone: _____ |
| | Additional Name: _____ Phone: _____ Cell Phone: _____ |

Building Health Office/School Nurse: _____ Phone: _____

In the event of an allergic reaction it is important to initiate emergency care as quickly as possible.

AN ALLERGIC REACTION MAY INCLUDE ANY OR ALL OF THESE SYMPTOMS:

- * *General: Dizziness, loss of consciousness, feeling of panic or doom*
- * *Mouth; Swelling of lips, face, tongue, throat; a report that the mouth "feels hot"*
- * *Breathing: Wheezing, difficulty breathing, congested, cough, tightness of throat*
- * *Stomach: Discomfort, nausea, vomiting, abdominal cramps, diarrhea*
- * *Skin: Hives, swelling, rash*

When you see any of the above symptoms, it is important to initiate the following plan of care:

If possible, rinse the area or mouth with large amounts of water

Provide the following medication as ordered by the student's healthcare provider:

Benydryl: : Yes No Dosage: _____

Directions for administration: _____

Epinephrine: Yes No Dosage: _____

Directions for administration: _____

If epinephrine is given, emergency medical services (911) should be accessed immediately.

Report that the student is having an allergic reaction and indicate that you require Advanced Life Support with additional epinephrine.

Treatment should be initiated immediately following exposure without waiting for symptoms (per healthcare provider)

Treatment should be initiated only following the appearance of symptoms (per healthcare provider)

Healthcare Provider's Name: _____ Phone: _____ Preferred Hospital: _____

Emergency Plan Written By: _____ Date: _____

Parents /Guardian Signature: _____ Date: _____

The parent or guardian signature authorizes the school to share the information with school staff on a "need to know" basis.

In the event of an emergency, care will be initiated and parents will be contacted.

This plan is in effect for the current school year and summer session as needed only.