

## Health Care Plan for Food Allergy Stafford School District

**Student Name:** \_\_\_\_\_ **School Year:** \_\_\_\_\_  
**Teacher/Homeroom** \_\_\_\_\_ **Food Allergy:** \_\_\_\_\_  
**Mother/Guardian:** \_\_\_\_\_ **Father/Guardian** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_



**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**IF STUDENT INGESTS OR THINKS HE/SHE HAS INGESTED THE ABOVE NAMED FOOD:**

- \_\_\_ Observe student for symptoms of anaphylaxis x 2 hours (see list below)
- \_\_\_ Administer Epi-Pen or Pei-Pen JR. BEFORE symptoms occur (circle one)
- \_\_\_ Administer Epi-Pen or Epi-Pen JR. IF symptoms occur (circle one)
- \_\_\_ Administer Benadryl \_\_\_ teaspoons – Swish and Swallow
- \_\_\_ Administer Atarax \_\_\_ teaspoons – Swish and Swallow
- \_\_\_ Administer \_\_\_\_\_
- Call 911, transport to nearest Emergency Room if symptoms occur and/or if Epi-Pen is administered

**Food Guidelines**

- \_\_\_ Eats only foods provided and/or approved by the parent/guardian
  - \_\_\_ Student capable of monitoring food intake independently
- Students and adults should practice good hand washing techniques before and after eating**

**Medication Location: SEE ATTACHED DOCTOR'S ORDERS**

- \_\_\_ Nurse's Office
- \_\_\_ May self-carry/administer medication per MD orders
- \_\_\_ Other \_\_\_\_\_

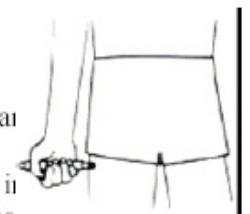
**SIGNS OF AN ALLERGIC REACTION INCLUDE:**

Systems	Symptoms
<b>Mouth*</b>	Itching and swelling of the lips, tongue or mouth.
<b>Skin*</b>	Hives, itchy rash, and/or swelling about the face or extremities.
<b>Gut*</b>	Hives, itchy rash, and/or swelling about the face or extremities.
<b>Throat*</b>	Itching and/or sense of tightness in the throat, hoarseness, hacking cough.
<b>Lung*</b>	Shortness of breath, repetitive _____



**EpiPen® Directions**

Pull off gray safety cap.  
 Place black top on thigh, at right angle (Always apply to thigh.)  
 Using a quick motion, press hard in auto-injector mechanism functions and hold in place for 10 seconds.  
 The EpiPen Jr. unit should then be removed and discarded.  
 Massage the injection area for \_\_\_\_\_



	coughing, and/or wheezing.	<b>U</b>	10 seconds.
<b>Heart*</b>	“Thready” pulse, “passing-out.”		