

School Individual Emergency Health Care Plan

Severe Allergy To: Peanuts

Student Name: _____ Grade: _____

<p>Avoid:</p> <ul style="list-style-type: none">● Peanuts● Peanut Butter● Peanut Oil <p>Reactions can occur from eating, touching, and smelling</p>	<p>Prevention:</p> <ul style="list-style-type: none">● Cafeteria staff informed about allergy and will check labels, meet student● Student will be shown products she/he should not choose in cafeteria● Class parents informed about peanut allergy and requested not to send peanut items for class events● Classmates will have session with nurse explaining peanut allergy● Student will sit at a “peanut-free” table at lunch● “Peanut Allergy Classroom” signs will be posted in the room● Sub teacher alert with picture will be placed in teacher’s sub folder● Teacher will know how to administer Epi-Pen● Epi-Pen on all field trips
<p>If You See This:</p> <ul style="list-style-type: none">● Reported or suspected ingestion● Hives● Itchy Skin● Hives spreading over body● Wheezing, difficulty swallowing or breathing● Swelling of face, lips, or neck● Tingling/swelling of tongue● Vomiting/diarrhea● Extreme paleness/gray color, clammy skin● Loss of consciousness	<p>Do This:</p> <ul style="list-style-type: none">● Stay with student, keep student quiet● Page nurse and state student’s name, state allergic reaction to peanuts so nurse can bring medication● Administer Epi-Pen● Call 911 immediately● Call Parent● Tell EMS that Epi-Pen was given
<p>Directions for use of Epi-Pen:</p> <ul style="list-style-type: none">● Pull off gray cap● Place black tip against outer thigh, halfway between knee and hip● Press firmly until you hear a click● Hold in place for 10 seconds, then remove● Do not return Epi-Pen to holder after use, give to EMS personnel or discard in sharps container● Remind parent/guardian to get replacement Epi-Pen to school as soon as possible	
<p>Contact: 911 School Nurse: _____ Principal: _____ Parent/Guardian: _____ Phone: _____</p>	
<p>Trained/Reviewed use of Epi-Pen:</p> <ol style="list-style-type: none">1. _____2. _____3. _____4. _____5. _____	<p>Student may carry Epi-Pen with them while at school or while at school function after school hours.</p> <p style="text-align: center;">_____ (Parent Signature)</p> <p style="text-align: center;">_____ (Principal Signature)</p> <p style="text-align: center;">_____ (School Nurse/Aide Signature)</p>

(Parent/Guardian Signature)

(Date)