LOGOS
PUBLIC CHARTER SCHOOL
Innovative Education Kindergarten to Career
1203 N Ross Ln, Medford, OR 97501 | 541.842.3658

Standard Health Plan for Allergic Reaction to Food

Student:_____ DOB:_____ Grade:_____ Student ID:_____

Symptom	Action
• Itchy mouth • A few hives around mouth/face, mild itch • Mild nausea/discomfort	1. Stay with student. 2. Notify parent. 3. Locate Epi-pen for possible use. 4. Monitor student. 5. If symptoms progress, see below.

Call 911 if:

Symptom	Action
If student has <u>one or more</u> of the following: · • Shortness of breath • Wheeze (musical sound when breathing) • Repetitive cough • Paleness • Blue color • Fainting • Weak pulse • Dizzy • Confused • Tight or hoarse throat • Trouble breathing/swallowing • Swelling of the tongue or lips • Many hives all over body If a student <u>has a combination</u> of symptoms from different body areas: • Hives with mouth or eye swelling • Vomiting, crampy pain <u>Any</u> SEVERE SYMPTOM after suspected or known food allergy ingestion.	1. Parent gives permission for staff members to administer Epi-pen immediately and note time. 2. Call 911. 3. Give over-the-counter antihistamine if available and student can swallow. 4. Give Rescue inhaler if available. 5. Notify parent. 6. Monitor student 7. Have student lie on back with legs elevated if it doesn't obstruct breathing. 8. Repeat Epi-pen injection 5 minutes after 1st injection if no improvement and EMS has not arrived. 9. Perform CPR if student stops breathing or if heart stops beating.

Students may only carry and self-administer an antihistamine or Epi-pen with a permission form signed by an administrator & parent/guardian. Medications must be brought to school with a current pharmacy label. I agree to this Standard Health Care Plan for Allergic Reaction to Food.

_____ _____

Parent/Guardian Signature Date

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Individualized Health Plan for Allergic Reaction to Food (Nurse Use Only)

Student:_____ DOB:_____ Grade:_____ Student ID:_____
Parent/Guardian:_____ Phone:_____
Parent/Guardian:_____ Phone:_____
Additional Emergency Contact:_____ Phone:_____
Additional Emergency Contact:_____ Phone:_____

Student has an allergy to the following foods:	
The student shows these symptoms when having an allergic reaction: *Check all that apply*	☐ **Mouth:** Itching, tingling, or swelling of lips, tongue, mouth ☐ **Skin:** Hives, itchy rash, swelling of the face or extremities ☐ **Gut:** Nausea, abdominal cramps, vomiting, diarrhea ☐ **Throat:** Tightening of throat, hoarseness, hacking cough ☐ **Lung:** Shortness of breath, repetitive coughing, wheezing ☐ **Heart:** Weak pulse, low blood pressure, fainting, pale, blueness ☐ **Other:** _____
In the event the student has an allergic reaction, do the following: *Check all that apply*	☐ Call parent/guardian. ☐ Administer antihistamine provided by parent/guardian. ☐ Staff member to administer Epi-pen. ☐ Student to self-administer Epi-pen. ☐ Call 911 and transport to ER. ☐ Other: _____
If the student has an Epinephrine prescription (Epi-Pen):	☐ Student will carry on person (in bag/backpack). ☐ Parent/Guardian will carry on person. ☐ Student does not have an Epi-pen prescription.
Special considerations and precautions:	

I give permission to staff members of Logos Public Charter School to perform the tasks as outlined by my child's Individualized Health Plan. I also consent to the release of the information pertaining to my child's care to the staff members who have custodial care and those who may need to know this information to maintain my child's health and safety during the school day. **Students may only carry and self-administer an inhaler or Epi-pen with a permission form signed by an administrator & parent/guardian. Staff may only administer medications with a permission form signed by parent/guardian.**

_____ _____
Parent/Guardian Signature Date