



Standard Health Plan for Allergic Reaction to Insect Stings

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

Symptom	Action
- Redness and swelling at the site of sting. - Pain at site of sting.	- Remove stinger if possible. - Wash site. - Apply ice pack. - Notify parent. - Monitor student for at least 30 minutes.
Redness and swelling progressing past area of sting.	- Monitor student for at least one hour. - Notify parent.

Call 911 if:

Symptom	Action
If student has <u>one or more</u> of the following: - Shortness of breath/wheezing - 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 insect sting.	- Parent gives permission for staff members to administer EPI pen immediately and note time.. - Call 911. - Give over-the-counter antihistamine if available and student can swallow. - Give Rescue inhaler if available. - Notify parent. - Monitor student - Have student lie on back with legs elevated if it doesn't obstruct breathing. - Repeat Epi-pen injection 5 minutes after 1st injection if no improvement and EMS has not arrived. - 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. I agree to this Standard Health Care Plan for Allergic Reaction to Insect Stings.

Parent/Guardian Signature

Date



Individualized Health Plan for Allergic Reaction to Insect Stings (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 insects:	
The student shows these symptoms when having an allergic reaction: <i>Check all that apply</i>	☐ 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: <i>Check all that apply</i>	☐ 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 antihistamine 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