



AMESBURY PUBLIC SCHOOLS
Amesbury, MA 01913

ALLERGY HEALTH CARE PLAN

Name:			(affix student's picture here)
Birth Date:	Student #:		
School:	Grade:		
Asthmatic? Yes* [] No []	*If yes, increased risk for severe reaction.		
Severe Allergy To:			

STEP 1: SIGNS & SYMPTOMS OF AN ALLERGIC REACTION
(To be Completed by primary care provider)

If student has these symptoms:

Give these Medications:

Antihistamine Epinephrine

		Antihistamine	Epinephrine
Mouth	Itching, tingling or mild lip swelling		
Skin	Mild hives, itchy rash		
Skin	Mild hives, itchy rash unresponsive to antihistamine after 20 minutes		
Skin	Severe hives, swelling of face and extremities		
Gut	Nausea, abdominal cramps, vomiting, diarrhea		
Throat	Tightening of throat, hoarseness, hacking cough		
Lung	Shortness of breath, repetitive cough, wheeze		
Heart	Thready pulse, low blood pressure, fainting, pallor		
Other			

Antihistamine: _____
(medication, dose, route)

Epinephrine: _____
(medication, dose, route)

Primary Care Provider's Signature

Date

Primary Care Provider's Name (please print)

STEP 2: EMERGENCY CALLS

1. CALL 911	State that an allergic reaction has occurred and additional epinephrine may be needed.	
2. Call Parent/Guardian:	Home Phone:	
a.	Work:	Cell:
b.	Work:	Cell:
3. Other Emergency Contact:	Phone:	
4. Primary Care Provider:	Phone:	

School Nurse:	Phone:
	Fax:
Other health concerns:	
Other medications: (dose/time taken)	
Dietary concerns/restrictions:	
Parent Signature:	Date:

Individual Considerations:

Bus - Transportation should be alerted to student's allergy

- This student carries an EpiPen YES NO
- EpiPen can be found in Backpack On person Other (specify) _____
- Student will sit at front of bus YES NO
- Other (specify) _____

Field Trip Procedures: EpiPen should accompany student during any off campus activities (caution with bee sting allergies).

- The student should remain with the teacher or parent/guardian during the entire field trip YES NO
- Staff members on trip must be trained regarding EpiPen use and health care plan must accompany student.
- Other (specify) _____

Classroom: This student is allowed to eat only the following foods:

- Those in manufacturer's packaging with ingredients listed and determined allergen free by parent/nurse or:
- _____
- Those approved by parent/guardian
- Alternative snacks will be provided by parent/guardian and kept in classroom
- Classroom projects should be reviewed by teaching staff to avoid specific allergens
- Other (specify) _____
- Peer classroom education YES NO
- Middle or High School teachers will be informed of Life Threatening Food Allergy*
- Substitute Folder and Specialists informed of LTFA.

Cafeteria: NO Restrictions

- Student will sit at a specified allergy table
- Student will sit at the classroom table at a specified location
- Specified table will be cleaned according to procedural guidelines
- Nutrition services staff should be alerted to student's allergy
- Health Care Plan will be posted in cafeteria in private place. YES NO

EpiPen can only be given if you have been trained to use it.

