

Allergy Care Plan - Mora Schools

Check if on file

All Emergency Contact People are to be identified on Student Information Forms.

Allergy Care Plan for _____
School: _____, Effective date: _____
Date of Birth: _____, Grade: ____, Teacher: _____

Feel free to use the back of this form if necessary.

Allergy history

List all known allergies (include medication, food and insect bite allergies): _____

Indicate what type of a response we would expect to see if your student was exposed to any of these allergies. Please specify the particular allergy: _____

Which of these allergies, if any, are felt to be life threatening. Contact Anne Grahn, school nurse if you feel an individualized emergency plan is necessary. _____

Which have required hospitalizations or ER visits: _____

Medications to treat allergic reactions (please complete a medication administration form if necessary):

Name of physician treating allergy condition: _____ Phone number: _____

List all medications that will be sent to school to treat allergic reactions. The Nurse's office asks that one dose of all allergy medications be stored in nurse's office. If you feel medications are needed in other locations, please identify those below. Parents are responsible for checking expiration dates and for updating medication prior to their expiration dates.

Name of medication: _____ Secondary storage location: _____

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Has your student been trained to recognize early signs of an allergic reaction? Yes No

Please list any allergy medication your student has been trained to self-administer: _____

List any other information we need to be aware of to properly handle an allergic reaction: _____

_____ (Use backside of form if necessary.)

Emergency Plan:

911 will be called if the allergy results in:

- Difficulty breathing
- Swelling around the lips or in the throat
- Whenever an epipen kit is administered

Form completed by: _____
Parent/Guardian: _____ Date: _____
Form reviewed by: _____
School Nurse: _____ Date: _____