LATEX ALLERGY

Student:	Grade	:: School Con	tact:	DOB:	
Mother:		MHome #:	MWork #:	MCell #:	
Father:		FHome #:	FWork #:	FCell #:	
Emergency Contact: _		Relationship	:	Phone:	
	NALLERGIC REACTION		ANY/ALL OF TH	IESE:	
MOUTHTHROAT	Itching & swelling of lips, tongue or mouth Itching, tightness in throat, tightness in chest				
• SKIN	Hives warmth itchy rash generalized swelling				
• STOMACH		Nausea abdominal cramps vomiting and/or diarrhea			
• LUNG	Shortness of breath, repetitive cough, wheezing				
HEART	"Thready pulse", "passing out"				
	he severity of sympton		1v –		
	s important that treatn				
STAFF MEMBERS	INSTRUCTED:	☐ Classroom Teacher	r(s) 🔲 Spec	cial Area Teacher(s)	
	☐ Administration	☐ Support Staff		nsportation Staff	
TREATMENT:	Rinse contact area	with water.			
Benadryl ordered:	☐ Yes ☐ N	o Give	Benadr	yl per provider's orders	
Call school nurse at		Call parent/guardia	n if off school grour	nds.	
Epinephrine ordered:	☐ Yes ☐ N	o Special instructions:			
				E SITE AND EPINEPHRINE	
	IS ORDERED, GIVE E		EDIATELY AND	CALL 911.	
	ransported:			1. 1	
				dizzy or have an increased heart e hospital by ambulance. A staff	
				hergency contact is not present and	
	or other students is presen		rent, guardian or en	reigency contact is not present and	
1 1	1				
Transportation Plan:	☐ Medication available of	on bus Medication N	NOT available on bu	as Does not ride bus	
Special instructions	:				
Healthcare Provider			Dhone		
written by:	☐ Copy provided to Par	ent	Date: _ py sent to Healthcar	re Provider	
Parent/Guardian Sig	gnature to share this plan	with Provider and Schoo	ol Staff:		

Sample