

WARWICK SCHOOL DISTRICT

FOOD / SUBSTANCE ALLERGY EMERGENCY CARE PLAN

Name of Student: _____ Grade/Teacher: _____

The above named student is allergic to the following foods and/ or substances: _____

The above student has experienced the following symptoms: _____

This student () does/ () does not have asthma. Students with asthma are at an increased risk for severe allergic reactions. Accidental ingestion of the allergic food or substance could lead to a severe anaphylactic reaction. Early signs of an allergic reaction include the following symptoms:

- MOUTH:** Itching and/ or swelling of the lips, tongue, or mouth.
- THROAT:** Itching and/ or a sense of tightness in the throat, hoarseness, and/ or cough.
- SKIN:** Hives, itchy rash, and/ or swelling about the face, arms, or legs.
- GUT:** Nausea, stomach cramps, diarrhea, and/ or vomiting.
- LUNG:** Difficulty breathing, coughing, and/ or wheezing.
- HEART:** Weak pulse and loss of consciousness.

The **severity** of these symptoms can change **very** quickly. All of the above symptoms can potentially progress to a life-threatening situation! **Please make sure that your child is aware of his/her allergy and the need to inform an adult if he/she is exposed to the food or substance.**

If accidental ingestion or exposure to the food and/ or substance occurs, please check the following procedure(s) you would like the school nurse to follow:

- () Give Benadryl orally to my child, 12.5 mg to 50 mg, as per the standing medication order from the school physician.
- () Give medication as prescribed by my child’s physician. Parents must provide the medications with the **written orders** from the child’s physician **each** school year. **NOTE:** Parents who request that the student self-carry his or her Epinephrine Auto-Injector must complete the Epinephrine Auto-Injector Self Administration Authorization form **each** school year.
- () Call 911 and have my child transported by ambulance to the hospital if signs of a severe allergic reaction develop. **NOTE: School Policy requires that 911 be called if epinephrine is administered.**
- () Call Mother _____ Father _____ Emergency Contact _____
(Phone #) (Phone #) (Phone #)
- () Call physician, Dr. _____ at phone number: _____.
- () Other Instructions: _____

Note: You are encouraged to alert all other school and after-school personnel (transportation, cafeteria, coaches, etc.) who may have contact with your child, so that they are aware of your child’s diagnosis and treatment that may be needed.

Parent Signature: _____ Date: _____