

EPIPEN & ANTIHISTAMINE HEALTH CARE PLAN

Child's Name _____ Birth Date _____ Current Weight _____

Classroom _____ Day Child Attends _____ Home Phone _____

Mom's Name: _____ Dad's Name: _____

Mom Cell: _____ Dad Cell: _____

Mom Work Phone: _____ Dad Work Phone: _____

Parent/Legal Guardian Signature _____ Date _____

The above signature is also authorization to Fax FORM 6 to SPELC

SEVERE ALLERGY TO: _____

Asthma: YES (Higher risk for severe reaction) No

EMERGENCY TREATMENT

FOR MILD SYMPTOMS: With the use of an antihistamine, i.e. Benadryl or similar medication

Please check the mild symptoms box or boxes that we would see in your child, if an ingestion or sting is suspected or known:

- Several hives around mouth/face, mild itch Itchy Skin/Mouth Swelling at site, if an insect sting/bite
- Rash, and where it generally occurs _____
- Other symptoms not listed above: _____

- Treatment:**
1. **Take** child to SPELC Office **ACCOMPANIED BY TEACHER.**
 2. **Give** _____ of _____ by mouth.
Dose (amount) _____ antihistamine
 - Expiration Date on antihistamine _____
 3. **Contact** the parent or emergency contact person.
 4. **Stay** with the child, keep child quiet, monitor symptoms until parent arrives.
 5. **Watch child for more severe symptoms listed below.**
 6. **Log Observations** on back of form

Special Instructions: (For health care provider to complete):

Severe Symptoms Can Cause A Life Threatening Reaction

Please check the severe symptoms box or boxes that we would see in your child:

- Hives spreading over the body Short of breath, wheeze, repetitive cough, difficulty swallowing
- Swelling of face/neck Tingling or swelling of tongue, hoarse
- Vomiting Loss of consciousness
- Anaphylaxis (stops breathing) Signs of shock (extreme paleness/blue/gray color, clammy skin)
- Other symptoms not listed above _____

Expiration Date on EpiPen Jr. _____ Last Date EpiPen Jr. was administered _____

- Treatment:**
1. **CALL 911 immediately** – EpiPen Jr. only lasts 20 - 30 minutes
 2. Give EpiPen Jr. immediately, place against upper outer thigh, press hard into thigh until clicks.
 3. Contact parents or emergency contact person. If parents are unavailable, SPELC staff will accompany the child to the hospital and stay until parents arrive.
- Administer 2nd dose if symptoms do not improve in _____ minutes

It is understood by the parent(s) and health care provider that this plan will be carried out by SPELC school staff, and that any staff administering this health care plan has been delegated by a Registered Nurse.

Signature of Licensed Health Care Provider: _____ **Date** _____