



# Levittown Public Schools



## OTHER ALLERGY ACTION PLAN

**HEALTH SERVICES - School Year:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Identified Allergen(s):** \_\_\_\_\_

Asthma:  Yes  No Other relevant health concerns: \_\_\_\_\_

*Contact Information*

Student  
Picture

Mother: Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W/C) \_\_\_\_\_

Father: Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W/C) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W/C) \_\_\_\_\_

Additional contacts if needed:

Building Health Office / School Nurse: \_\_\_\_\_ Phone: \_\_\_\_\_

If nurse can't be reached, call: \_\_\_\_\_ Phone: \_\_\_\_\_

**AN ALLERGIC REACTION MAY INCLUDE ANY OR ALL OF THESE SYMPTOMS:**

- o *General:* Dizziness, loss of consciousness, feeling of panic or doom
- o *Mouth:* Swelling of lips, face, tongue, throat; a report that the mouth "feels hot"
- o *Breathing:* Wheezing, difficulty breathing, congested, cough, tightness of throat
- o *Stomach:* Discomfort, nausea, vomiting, abdominal cramps, diarrhea
- o *Skin:* Hives, swelling, rash

When you see any of the above symptoms, it is important to initiate the following plan of care:

*If possible, rinse the area or mouth with large amounts of water.*

Provide the following medication as ordered by the student's healthcare provider:

Benadryl:  Yes  No Dosage \_\_\_\_\_

Directions for administration: \_\_\_\_\_

Epinephrine:  Yes  No Dosage: \_\_\_\_\_

Directions for administration: \_\_\_\_\_

***If epinephrine is given, emergency medical services (911) should be accessed immediately. Report that the student is having an allergic reaction and indicate that you require Advanced Life Support with additional epinephrine.***

- Treatment should be initiated immediately following exposure without waiting for symptoms (per healthcare provider).
- Treatment should be initiated only following the appearance of symptoms (per healthcare provider).

Healthcare Provider's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Emergency Plan written by: \_\_\_\_\_ Date: \_\_\_\_\_

*The parent / guardian signature authorizes the school to share this information with school staff on a "need-to-know" basis. In the event of an emergency, care will be initiated and parents will be contacted.*

This plan is in effect for the current school year and summer session as needed only.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_