



LEVITTOWN PUBLIC SCHOOLS
Levittown Memorial Education Center
150 Abbey Lane
Levittown, New York 11756



OTHER ALLERGY ACTION PLAN

Health Services – School Year: _____

Student Name: _____ DOB: _____ Grade: _____

Identified Allergen(s): _____

Asthma yes no Other relevant health concerns: _____

Contact Information:

Mother's Name: _____ Phone (H) _____ (W/C) _____

Student's Father's Name: _____ Phone (H) _____ (W/C) _____
 Picture

Emergency Contact: _____ Phone (H) _____ (W/C) _____

Additional Contact 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 health care provider)

Treatment should be initiated only following the appearance of symptoms (per healthcare provider)

Healthcare Providers 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: _____