*Our mission is to develop children who are confident and creative learners. We provide a rigorous curriculum and a supportive school environment that promotes high achievement, encourages personal growth, and meets the unique needs of each child.*

**STUDENT SERVICES DEPARTMENT**

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**Eva Sahyouni, School Nurse**
**Sharon Jacobellis, Director of Student Services**

# EMERGENCY HEALTH CARE PLAN – ALLERGIC REACTION TO FOOD/SUBSTANCE (WITH AUVI-Q)

Effective School Year: 20 _______ to 20________ Today's Date:_________________________

Student's Name: _________________________________ Date of Birth: __________________ Grade: _________

Allergy to: ___________________________________________________________________________________

Physician's name and phone #: ___________________________________________________________________

Parent/Guardian #1 name and #: __________________________________________________________________

Parent/Guardian #2 name and #: __________________________________________________________________

## ALLERGIC REACTION

Description: A dramatic sudden hypersensitive reaction of the body that normally occurs within seconds/minutes of ingestion/exposure to the allergen

| IF YOU SEE THIS: | DO THIS: |
|---|---|
| • Mild reaction: itching of the skin, raised rash, localized swelling. May progress to more.<br>• Severe reaction:<br>  ○ Mouth- itching/swelling of the lips and tongue<br>  ○ Throat – sudden dry, hacking cough, hoarseness, constricted feeling in the throat/chest<br>  ○ Skin – hives, itchy rash, flushed skin, sweating, swelling about the face/extremities<br>  ○ Lungs – difficulty breathing, wheezing, may progress to blue color of lips or nails<br>  ○ Heart – rapid, thread pulse, passing out<br>  ○ GI- abdominal pain, nausea or vomiting<br>  ○ Mental status – anxiety/sense of uneasiness, fright confusion | • Mild reaction:<br>  ○ Remove causative agent.<br>  ○ Initiate doctor's order of PRN prescribed medication: (med/dosage/route): ________________________________<br>  ○ Reassess student after 20-30 minutes of above medication given.<br>  ○ If skin irritation, cleanse with soap and water and apply ice<br>• Severe reaction:<br>  ○ Identify symptoms of anaphylaxis<br>  ○ If student self-carries AUVI-Q, administer AUVI-Q IM (dose): ____________________<br>  ○ If student does NOT self-carry AUVI-Q, call 911<br>  ○ Notify school nurse/health clerk to get AUVI-Q<br>  ○ Administer CPR if indicated<br>  ○ Do not leave the student unattended<br>  ○ Keep student warm<br>  ○ School nurse will notify principal/parent |

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Skokie School District 68

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Andreea Balici, Health Services Coordinator
Crissy Mombela, Director of Special Services

TO BE REVIEWED AND SIGNED BY PARENT/GUARDIAN

*I give permission to the school nurse/health clerk and other designated staff members of District 68 to perform and carry out the emergency care plan as outlined by this emergency health care plan. I also consent to the release of the information contained in this emergency health care plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety.*

______________________________________ ________________________

Parent Signature Date

TO BE COMPLETED BY PHYSICIAN OR LICENSED PRESCRIBER UPON REVIEW AND APPROVAL

Medication to be taken at school for this condition: ______________________________________________

Medications to be taken at school for this condition: ______________________________________________

Does the student require an allergen-free lunch table: ______________________________________________

Other medical notes: ______________________________________________

______________________________________ ________________________

Physician signature Date

***This form shall be effective for the current school year only, and must be renewed each subsequent school year.***