

# Port Edwards Public School

801 Second Street, Port Edwards, WI 54469-1301  
715-887-9000  
Elementary School FAX: 717-887-9095  
John Edwards Middle & High Schools FAX:  
715-887-90-40

## SCHOOL DISTRICT OF PORT EDWARDS EMERGENCY HEALTH CARE PLAN

for  
Known Severe Allergic Reactions  
(Authorization valid for current school year ONLY)

PARENT:  
Place child's  
picture here

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

ALLERGIC TO: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ School: \_\_\_\_\_

Father Work Phone: \_\_\_\_\_ Mother Work Phone: \_\_\_\_\_

Date of last reaction: \_\_\_\_\_ Symptoms seen: \_\_\_\_\_

**If student is exposed to something known to Cause allergic: reactions, immediately do the following:**

Epi-Pen is kept

- Adult A,
- 1) Give Epi-Pen as ordered
  - 2) Give additional medication if ordered
  - 3) Administer CPR or rescue breathing as necessary
  - 4) Record observations and care given below

- Adult B-
- 1) CALL **9-1-1**
  - 2) Call Parents
  - 3) Call School District Nurse  
887-900 Ext: 302 or 318
  - 4) Copy this form for  
EMTS/Paramedics

### OBSERVATIONS (check all that apply)

- difficulty breathing or wheezing       violent abdominal pain       collapse  
 swelling of the face, throat, tongue       change in voice quality       Other \_\_\_\_\_  
 a hive-like skin reaction or swelling       seizure

### CARE GIVEN (check all that apply)

- Epi-Pen given (date and time) \_\_\_\_\_  
 medication given (date and time) \_\_\_\_\_  
 rescue breathing     CPR
- (Signature of Adult A)

### PHYSICIAN AND PARENT AUTHORIZATION

I am prescribing an Epi-Fen and/or medication for \_\_\_\_\_ which is as follows:

Student Name

\_\_\_ Epi-Pen (0.3 mg epinephrine)    OR    \_\_\_ Epi-Pen Jr. (0.15 mg epinephrine)

\_\_\_ Additional medication \_\_\_\_\_

Name of Medication

Dose

Physician Name: \_\_\_\_\_ Phone \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(no stamp)

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

