

# Port Edwards Public Schools

## Health Care Plan for Student with a Known Allergy

Student \_\_\_\_\_ Birthdate \_\_\_\_\_ School/Grade \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Additional information for contacting parents \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

1. My child is allergic to (e.g. food, insect bites, latex, etc.): \_\_\_\_\_

2. The date of his/her most recent allergic reaction was: \_\_\_\_\_

3. Check ALL the symptoms that he/she has had during an allergic reaction:

<input type="checkbox"/> Hives or itchy rash	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Itchy eyes
<input type="checkbox"/> Swelling	<input type="checkbox"/> Tightness of the throat	<input type="checkbox"/> Cough or hoarseness
<input type="checkbox"/> Nausea or vomiting	<input type="checkbox"/> Abdominal cramps	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Wheezing	<input type="checkbox"/> "Passed out"

4. Has an Epi-Pen been prescribed for him/her?  Yes  No

5. Will you be providing an Epi-Pen to be kept at school?  Yes  No  
If yes, please complete the Emergency Health Care Plan for Known Severe Allergic Reactions form. School staff will be trained to use an Epi-Pen by a School Nurse.

6. Will he/she wear an allergy alert bracelet/necklace?  Yes  No

7. If he/she has symptoms at school, staff will:

- Administer medication if authorized by physician and parent
- Call 9-1-1 and parent

8. Other important information: \_\_\_\_\_

***\*This information will be shared with school staff who have a need to know.\****

Parent(s)/Guardian(s) Signature  
WT:Health Care Plan for Known Allergies

Date