

HCS School: \_\_\_\_\_ School Year: \_\_\_\_\_ School Hours: \_\_\_\_\_  
 Stop Date: \_\_\_\_\_ Extracurricular Hours: \_\_\_\_\_

**MANAGEMENT PLAN for SEVERE ALLERGY WITHOUT MEDICATIONS AT SCHOOL:**

Individualized Healthcare Plan (IHP) / Emergency Action Plan (EAP) / Classroom Action Plan (CAP) / Bus Plan

SECTION I –Parent (Please Print) Student has Asthma? YES  NO

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

Known Allergies/Triggers: \_\_\_\_\_ Wt. \_\_\_\_\_

Medications Taken at Home: \_\_\_\_\_

Bus Transportation to and from school: Bus # a.m. \_\_\_\_\_ Bus # p.m. \_\_\_\_\_

Parent Contact: \_\_\_\_\_  
 Name Cell # Home # Work #

Emergency Contact: \_\_\_\_\_  
 Name Cell # Home # Work #

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Hospital in Case of Emergency: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

**SECTION II –Parent: (Please Print)**

**The severity of symptoms can change quickly and potentially progress to a life threatening situation**

**IF YOU SEE THIS...**

**DO THIS...**

<ul style="list-style-type: none"> <li>Contact with or ingestion of allergen with no symptoms</li> <li>Itching of skin, mouth or ear canal</li> <li>Rash, Hives</li> <li><b>No Respiratory Distress</b></li> <li>_____</li> <li>_____</li> </ul>	<ul style="list-style-type: none"> <li>If Student is able, escort to clinic</li> <li>DO NOT leave student alone</li> <li>Keep student quiet</li> <li>If student is unable to walk, call nurse at ext. _____ or send for nurse and state student's name, and allergic reaction</li> <li>Call parent / guardian or emergency contact</li> </ul>
<p><b>SEVERE ALLERGIC REACTION (Anaphylactic Shock):</b></p> <ul style="list-style-type: none"> <li>Mouth Tingling, Swelling of Face/Lips/Tongue/Throat</li> <li>Nausea, Vomiting, Diarrhea, Abdominal Cramps</li> <li>Cough, Wheeze, Stridor, <b>Respiratory Distress</b></li> <li>Chest Pain, Turning Blue, Very Pale</li> <li>Weak Pulse, Low BP</li> <li><b>Student states, can't breathe or swallow</b></li> <li>Unconscious</li> <li>_____</li> </ul>	<ul style="list-style-type: none"> <li>Call for help and nurse if available</li> <li><b>CALL 911 IMMEDIATELY</b></li> <li>Call parent/ guardian or emergency contact</li> <li><b>This is a life-threatening EMERGENCY</b></li> </ul>

\* ALL MEDICATIONS GIVEN AT SCHOOL REQUIRE A SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION (PPA) SIGNED BY THE PRESCRIBER  
 FIELD TRIPS: Supplies **should NOT be left** in a backpack on the bus or with a teacher who is not with the student.

**BUS PLAN: Follow Emergency Plan, Pull Over, Call 911, and Call Parent/Guardian or Emergency contact**

**EXTRACURRICULAR PLAN: Medication Assistant/Sponsor will follow Management Plan and PPA.**

**I UNDERSTAND AND AGREE WITH THIS MANAGEMENT PLAN:**

I give permission for my child to be transported to the hospital indicated on this form, in the event of an emergency and for the release of my child's medical information to be shared with appropriate persons on an as-needed basis to insure the health and safety of my child. A nurse will not be present on the school bus, private car, or extracurricular activity.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_