

# MISSISSINewa COMMUNITY SCHOOLS HEALTH SERVICES

Northview Elementary ~ Ph: (765) 677-4400 Fax: (765) 677-4733  
Westview Elementary ~ Ph: (765) 677-4437 Fax: (765) 677-4449

RJ Baskett Middle School ~ Ph: (765) 674-8536 Fax: (765) 677-4452  
Mississinewa High School ~ Ph: (765) 674-2248 Fax: (765) 677-4424

School Year: \_\_\_\_\_

## PLAN OF CARE ~ ALLERGIES

**ALLERGY TO:** \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Ph. #: \_\_\_\_\_ Work Ph. #: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_  
Name Relationship Home Ph. # Work/Cell Ph. #

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Name Relationship Home Ph. # Work/Cell Ph. #

Asthma: \_\_\_\_ Yes \_\_\_\_ No

### ◀ SIGNS OF AN ALLERGIC REACTION ▶

#### Systems:

#### Symptoms:

- **MOUTH** itching & swelling of lips, tongue, or mouth
- **THROAT\*** itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
- **SKIN** hives, itchy rash, and/or swelling
- **GUT** nausea, abdominal cramps, vomiting, and/or diarrhea
- **LUNG\*** shortness of breath, repetitive coughing, and/or wheezing
- **HEART\*** "thready" pulse, "passing-out"

The severity of symptoms can quickly change. \*All above symptoms can potentially progress to a life-threatening situation.

### ◀ ACTION FOR MINOR REACTION ▶

Symptom(s) are: \_\_\_\_\_

Do/Give (dosage): \_\_\_\_\_

If condition does not improve within 10 MINUTES, follow steps for MAJOR REACTION below.

### ◀ ACTION FOR MAJOR REACTION ▶

Symptom(s) are: \_\_\_\_\_

Do/Give (dosage): \_\_\_\_\_

Has emergency medical treatment been required in the past year for allergies: \_\_\_\_ Yes \_\_\_\_ No

If Yes, Explain: \_\_\_\_\_

~ CONTINUED ON BACK ~

