LOWNDES COUNTY SCHOOL SYSTEM CHILD CARE ASTHMA/ALLERGY ACTION CARD

(Rev 06/11)	(Rev	Date		Parent Signature
		Phone		Physician's Name
e condition. Orders are vali	ct the below provider(s) regarding the above	As parent/guardian of the above named student, I give permission for use of this health plan in my student's school and for the school nurse to contact the below provider(s) regarding the above condition. Orders are valid through the end of the current school year.	permission for use of this health	As parent/guardian of the above named student, I give through the end of the current school year.
	vity and field trips: When to Use	The following medications must accompany child when participating in outside activity and field trips: Dosage	The following medications	 Outside Activity and Field Trips Name
	When to Use	Dosage	Hergy	Daily Medication Plan for Asthma/Allergy Name
				Phone:
				Other Physician:
				Phone:
				Physician Child Sees for Asthma/Allergies:
			Phone	Relationship
				Emergency Phone Contact #2 Name
			Phone	Relationship
v	measures, pre-medications, and or dietary restrictions that the child needs to prevent an asthma/allergy episode.)	measures, pre-medications, and or diet to prevent an asthma/allergy episode.)		Emergency Phone Contact #1 Name
	• Control of Child Care Environment (List any environmental control	• Control of Child Care Environ		Other Contact Information:
				Phone (H):(W):
		Other:		Address:
		Food:		Parent/Guardian Name:
	_	— Exercise — Latex		Phone (H):(W):
		Animals Bee/Insect Sting		Address:
Photo	ld)	(Check each that applies to the child)		Parent/Guardian Name:
ī	asthma/allergy episode	• Identify the things that start an asthma/allergy episode	3:	Grade:DOB:
	MANAGEMENT PLAN	DAILY ASTHMA/ALLERGY MANAGEMENT PLAN		Name:

LOWNDES COUNTY SCHOOL SYSTEM

(Rev 06/11)	der(s) regarding the above (e below named provid	e school nurse to contact the	ool and for th	health plan in my student's sch	r use of this	As parent/guardian of the above named student, I give permission for use of this health plan in my student's school and for the school nurse to contact the below named provider(s) regarding the above condition. (Rev 06/11:	As parent/ Orders are
	अself.	pinion that er Epi Pen by him/ho	Elt is my professional opinion that should not carry his/her Epi Pen by him/herself.		should not carry his/her	should n	It is my professional opinion thatinhaled medication by him/herself.	□ It is my inhaled
to use his/	in the proper way to use his/ that he/she should n by him/herself.	Y EPI PEN rofessional opinion l use that medication	CONSENT TO CARRY EPI PEN If have instructed in the proper her Epi Pen. It is my professional opinion that he/she should be allowed to carry and use that medication by him/herself.		use his/her lowed	in the proper way to use his/her at he/she should be allowed	CONSENT TO CARRY INHALER In the proper way to use his inhaled medication. It is my professional opinion that he/she should be allowed to carry and use that medication by him/herself.	CONSEN I have inhaled to carry
And the second s			• Special Instructions:				Special Instructions:	• Special
rash present	For all other above listed symptoms If only hives or itchy rash present	.15mg .3mg Dose to wt	Epi Pen Jr. Epi Pen Sr. Benadryl				Unit dose Unit dose Unit dose	XAA
	Medications: When to Use	Emergency Allergy Medications: Dosage W	• En Name				• Emergency Asthma Medications: Name Dosage	
	Mouth/Throat: itching & swelling of lips, tongue, mouth, throat; throat tightness; hoarseness; cough Skin: hives, itchy rash; swelling Gut: nausea; abdominal cramps; vomiting; diarrhea Lung*: shortness of breath; coughing; wheezing Heart: pulse is hard to detect; "passing out" child has asthma, asthma symptoms may all need to be treated	ng & swelling of lipseness; cough h; swelling al cramps; vomiting reath; coughing; wh detect; "passing out uma symptoms may	throat tightness; hoarseness; cough > Skin: hives, itchy rash; swelling > Gut: nausea; abdominal cramps; vomiting; diarrhea > Lung*: shortness of breath; coughing; wheezing > Heart: pulse is hard to detect; "passing out" *If child has asthma, asthma symptoms may all need to be treated	<u> </u>	IF THIS HAPPENS, GET EMERGENCY HELP NOW!!	↑	No improvement minutes after 2 nd treatment with medication Difficulty breathing with following: Chest and neck pulled in with breathing. Child hunched over. Child struggling to breathe. Trouble walking or talking. Stops playing and cannot start activity again. Lips or fingernails are gray or blue. O ₂ SAT<85	→ No improv → Difficulty → Chest an > Child hu > Child str → Trouble v → Stops play → Lips or fin → O₂SAT<85
	Steps to take during an allergy episode: If the following symptoms occur, give the medications listed below. If Epi needed, contact 911 Contact the child's parent/guardian.	an allergy episode: .oms occur, give the 911 urent/guardian.	 Steps to take during an allergy episode: I. If the following symptoms occur, give the m If Epi needed, contact 911 Contact the child's parent/guardian. Symptoms of an allergic reaction include 			llowing:	 Steps to take during an asthma episode: 1. Check O₂SAT 2. Give medications as listed below. 3. Contact parent or guardian 4. Seek emergency medical care if the child has any one of the following: 	• Steps to take 1. Check O ₂ SAT 2. Give medicat 3. Contact parer 4. Seek emerger
	NCY PLAN	ALLERGY EMERGENCY PLAN	ALL • Child is allergic to:		wheeze,	h as couth,	ASTHMA EMERGENCY PLAN Emergency action is necessary when the child has symptoms such as couth, wheeze, shortness of breath	AS Emergency action shortness of breath
		ations.)	quires special accommode	allergy that re	(Complete a separate form for each food allergy that requires special accommodations.)	Complete a	YesNo	ALLERGY TO: Asthmatic?
Student Photo	*	Teacher/Grade	Tea		DOB		Name	Student's Name
			RE PLAN	H CARE PI	EMERGENCY HEALTH CARE PLAN	t		

Physician's Signature

Date

Parent/Guardian's Signature

Date

School Nurse's Signature

Date