

**LOS ANGELES UNIFIED SCHOOL DISTRICT
Student Health and Human Services**

CONFIDENTIAL HEALTH INFORMATION FOR A STUDENT WITH SEVERE ALLERGIES

To School Personnel: The information below has been completed by the School Nurse from an authorization signed by the student's Physician and Parent/Guardian. Please review this form and initial the appropriate column below.

Special considerations: Student must always be under adult supervision if experiencing an allergic reaction. Student needs special accommodations for medications when going on a field trip.

<u>ALLERGENS</u>	
<input type="checkbox"/> Peanuts	<input type="checkbox"/> Nuts
<input type="checkbox"/> Milk	<input type="checkbox"/> Shellfish
<input type="checkbox"/> Eggs	<input type="checkbox"/> Fish
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Insects: Honey bees, yellow jackets, hornets, wasps, or fire ants	<input type="checkbox"/> Other _____
<input type="checkbox"/> Latex	<input type="checkbox"/> Medication
<input type="checkbox"/> Chemicals	<input type="checkbox"/> Other _____

• Student should avoid exposure to known allergens. Should exposure occur, follow Allergy Management Action Plan.

<u>SIGNS AND SYMPTOMS OF SEVERE ALLERGIC REACTION</u>
<input type="checkbox"/> Breathing difficulty: Wheezing, chest tightness, difficulty swallowing
<input type="checkbox"/> Severe swelling: Face, tongue, throat, or around the eyes
<input type="checkbox"/> Hives: Redness, sweating, itching (more alarming if on the upper chest, neck, or head)
<input type="checkbox"/> Stomach: Nausea, vomiting, diarrhea or abdominal cramps
<input type="checkbox"/> General: Apprehension/panic, blue lips, pale, dizzy, convulsions
<input type="checkbox"/> Other: _____

<u>ALLERGY MANAGEMENT ACTION PLAN</u>
1. Call for trained personnel to administer physician prescribed medication immediately.
2. Initiate a 911 call by trained personnel if EpiPen is administered.
3. DO NOT move the student or give anything by mouth, except medication ordered by physician. (Give <u>only</u> if student is able to swallow.)

Student has a physician's order for EpiPen medication at school: <input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> EpiPen is stored in the health office or _____
<input type="checkbox"/> Student self administers EpiPen. (Student has authorization for self administration of EpiPen on file).
<input type="checkbox"/> Other medication: _____

FIRST SEMESTER				SECOND SEMESTER			
Period	Teacher	Initial	Date	Period	Teacher	Initial	Date
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
Home Room				Home Room			
Administrator				Administrator			
Counselor				Counselor			
Other				Other			