MENLO PARK CITY SCHOOL DISTRICT

Student Services Department
181 Encinal Avenue, Atherton, CA 94027
(650) 321-7140 Fax: (650) 292-2200

Original to Health file. Teacher please distribute as follows: cc: Teacher, Art, Music, PE, Science, Library. OK: Spanish Hillview: Per class schedule med cabinet.

ALLERGY HEALTH CARE PLAN

A Medication Authorization Form must also be completed and accompany this form.

Section I: Parent/Guardian to complete. Please print.

Check Site: ☐Heritage Oak ☐Laurel ☐Encinal ☐Oak Knoll ☐Hillview

Student: _____ DOB: _____

ALLERGY TO: _____

ASTHMATIC ☐* Yes ☐ No *High risk for severe reaction

Teacher: _____ Grade: _____

Parents: _____ Phone: _____

Place Student's Photo Here

☐ **Yes** ☐ **No** **I request that my child receive assistance taking medication by designated school personnel.**
☐ **Yes** ☐ **No** **I request that my child may carry on campus and self-administer this prescribed medication.**
The School Nurse has my permission to communicate with the physician on matters related to this medication.

_____ _____
Parent Signature **Date**

EMERGENCY CONTACTS – to be completed by parents	
Name/Relationship:	Phone: ( )
Name/Relationship:	Phone: ( )

Section II: Physician's order and action plan. Please print.

Name of Medication:	1.	2.
Dose, Time, Route:		

☐ **Yes** ☐ **No** **Student has been educated and is capable of carrying and using this medication.**

Signs of an allergic reaction include:		**Give Checked Medication****	
Systems:	**Symptoms:**	**to be determined by doctor authorizing treatment	
•Mouth	itching, tingling, swelling of the lips, tongue, mouth	☐ Epinephrine	☐ Antihistamine
•Throat*	itching, tightness in throat, hoarseness, hacking cough	☐ Epinephrine	☐ Antihistamine
•Skin	hives, itchy rash, swelling about the face or extremities	☐ Epinephrine	☐ Antihistamine
•Gut	nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine	☐ Antihistamine
•Lung*	shortness of breath, repetitive coughing, wheezing	☐ Epinephrine	☐ Antihistamine
•Heart*	weak or thready pulse, pale, blueness, fainting	☐ Epinephrine	☐ Antihistamine
•If student ingests/is exposed to known allergen but has no symptoms, administer		☐ Epinephrine	☐ Antihistamine

***All above symptoms can potentially progress to a life-threatening situation. Stay with student, alert health professionals.**

_____ _____ _____
Physician Signature **Date** **Telephone**

For School Use Only:

_____ _____
Credentialed School Nurse **Date**