

**Newton County School District
School Allergy Plan**

Elementary School Nurse: Patty Gibson, RN
Phone: 601-635-2325 or 601-635-2956
Fax: 601-635-4074

Middle/High School Nurse: Rae Hollingsworth, RN
Phone: 601-635-2718 or 601-635-3347
Fax: 601-635-4045

Name _____ Date _____

Student Age _____ Grade _____ HR Teacher _____

Allergy to: _____

- Yes, medication is needed at school for the allergy listed above.

If so, check which of the following treatments are needed. (The school does NOT stock any medications for allergies. It is the responsibility of parent/guardian to provide the school with the medications needed.)

- Auto-Injectable Epinephrine
- Recommended that student be allowed to carry and self-administer epinephrine
- Recommended that school nurse or trained approved school personnel should keep and administer epinephrine
- Antihistamine (type & dose) _____
- Other _____

- No, medication is not needed at school for the allergy listed above.

Severe Allergic Reactions (Anaphylaxis)

Symptoms of Anaphylaxis:

Mouth	itching, swelling of lips and or tongue
Throat	itching, hoarseness, tightness/closure
Skin	itching, rash or hives, redness, swelling
Gut	vomiting, diarrhea, abdominal cramping
Lung*	shortness of breath, coughing, wheezing
Heart*	weak pulse, low blood pressure, dizziness or fainting, cyanosis

If any of the above symptoms are present and reaction is progressing, take the following emergency steps.

- Inject epinephrine into the thigh muscle using: _____
- If epinephrine is unavailable, call 911 and then the parent/guardian listed below.
- If epinephrine was available and injected, call 911 and then the parent/guardian listed below.
- Stay with student and monitor closely.

Emergency Contact #1: _____ phone #: _____

Emergency Contact #2: _____ phone #: _____

(Parent/Guardian Signature and Date)

(Physician Signature and Date)