

**Westford Public Schools**  
**Life Threatening Allergy Individual Health Care Plan**

Attach student picture here

Student's Name: \_\_\_\_\_ School Year: \_\_\_\_\_

DOB: \_\_\_\_\_ Teacher: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Asthma:  Yes  No *If yes, please complete an Asthma Action Plan*

**Symptoms experienced in the past: (Please Circle)**

- **Mouth-** itching and swelling of the lips or tongue
- **Throat-** itching and/or a sense of tightness in the throat, hoarseness, and cough
- **Skin-** hives, itchy rash and/or a swelling of the face or extremities
- **GI-** nausea, abdominal cramps, vomiting, or diarrhea
- **Lungs-** shortness of breath, repetitive coughing, or wheezing
- **Heart-** fast pulse, passing out
- **Other-** describe: \_\_\_\_\_

*The severity of symptoms can change. All of these symptoms can be potentially life threatening.*

**If a reaction is suspected:**

1. Give: \_\_\_\_\_

Medication/Dose/ Route:

2. Call 911

3. Call parent/guardian:

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

4. *Other Emergency Contact if parent/guardian is unavailable:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel.#: \_\_\_\_\_

Physician name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Physician comments: \_\_\_\_\_

Does your student require a peanut/nut free table in the cafeteria?  Yes  No

Additional accommodations: \_\_\_\_\_

EpiPen Expiration Date: \_\_\_\_\_

***\*Please note that Benadryl/antihistamines cannot be delegated on a field trip to staff members.\****

**I give permission for school personnel to share my student's health information as needed:  Yes  No**

I consent to have the school nurse, or school personnel designated by the school nurse, carry out the above plans. I give permission for the school nurse to share information and to complete staff training in order to carry out the above plans as determined appropriately for my student's health and safety.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice:** Westford Public Schools are concerned with the safety and well-being of all its children. During school hours a nurse is on duty to provide assessments, first aid, emergency care and medication administration. There is no nurse available during before-school and after-school programs and organized activities (e.g., sports, clubs). If an emergency arises, staff will activate the emergency medical system and the student will be transported to the nearest hospital. Note that after school personnel cannot deliver medical procedures or obtain or administer medications.