ALLERGY
Emergency Care Plan

STUDENT INFORMATION

Name: Mathew Pilipovich	**DOB: 2/3/10**	**Grade: 10**
Parent/Guardian Name: Amy Bartley Michael Pilipovich	**Relationship**: mom dad	**Phone**: (724) 714-3758 (724) 714-9015

ALLERGY INFORMATION

Allergen: Severe Gluten Intolerance and Protein Allergy to Eggs and Milk.	**Administer emergency medication immediately** if prescribed (e.g., epinephrine). Call **911**. Notify the **school nurse and parents**. Monitor breathing and symptoms until EMS arrives.

IF YOU SEE THESE SYMPTOMS:	DO THIS:
RESPIRATORY: Itching/Swelling of Lips, Tongue, Mouth, Throat Hoarseness Throat Tightness Stridor Difficulty Breathing Coughing Wheezing **SKIN:** Generalized hives Itchy rash Generalized swelling **STOMACH:** Nausea and/or Vomiting Abdominal Cramps Diarrhea. **LIFE-THREATENING:** THREADY PULSE SEVERE BODY SWELLING LOSS OF CONSCIOUSNESS	**For a FOOD ALLERGY:** • Rinse mouth out with water • Wash body parts that touched the offending food • Do not leave the student alone • Escort student to office if able • Administer student's emergency medication (if ordered) • Monitor breathing/pulse and be prepared to administer CPR • CALL 911 • CALL PARENTS **For INSECT STING/BITES:** • Remove the stinger without pinching or squeezing. • Apply ice to the site and Elevate • Do not leave the student alone • Escort student to office if able • Administer student's emergency medication (if ordered) o Monitor breathing/pulse and be prepared to administer CPR o CALL 911 • CALL PARENTS

Aimee Bookamer
District Certified School Nurse

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