WARRIOR RUN SCHOOL DISTRICT

4800 Susquehanna Trail, Turbotville, PA 17772 · 570-649-5138 · Website: www.wrsd.org

Dear Parent (s) / Guardian (s):
Enclosed is a School Allergy Management Plan. Please take a few minutes to complete this important form. This plan is to ensure your child receives the best care possible while he/she is in school.
In the event that a parent would request that their child be allowed to carry an epi-pen at school, please be aware of the school policy: "Requests to carry and self-administer medication, such as an epi-pen, must be accompanied by a licensed person's written order stating such, a parent's written request, and demonstration of the child proving competence to self-medicate. The child shall notify the nurse whenever the medication is used. The school is not responsible for ensuring that the medication is taken. Misuse of medications that are self-administered will result in immediate confiscation of the medication, loss of this privilege, and disciplinary action as outlined in the drug policy."
input on their child's health is important. Thank you for your time and assistance.
Sincerely,
Health Room Nurses
Enclosure

Warrior Run Jr/Sr High School 4800 Susquehanna Trail Turbotville, PA 17772 Warrior Run Elementary School 244 Warrior Run Boulevard Turbotville, PA 17772

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ALLERGY HEALTH CARE PLAN

Student Name_	Grade
Allergic to what ?	
What happens when exposed to this allergen?	
FI	IRST AID CARE
 Determine exposure Assess Reaction (see below) Give Benadryl 25mg (liquid form > Notify parent/ guardian or alternate Monitor for severe symptoms Take pulse and document Give Epipen if indicated as directed Continue to monitor until EMS arri 	/ordered and call EMS >> 911.
MILD/MODERATE Allergic Reaction- Swelling/Itching/Redness at some Generalized Itching/Warmth Red Palms Rapid Pulse Hives Restless/Anxious SEVERE Allergic Reaction - * A severe aller Difficulty Breathing Difficulty Swallowing Swelling of face/throat/mouth	rgy can lead to shock in 10 minutes or less*
Medication: Benadryl Dose Medication: Epipen Dose	thcare Practitioner Order: :Time: :Time:
Is this student able to carry and self-administer	their own epi-pen?YesNo
Physician's signature (required in order to adm	minister or carry epipen)
	all Chain
Emergency Contact #1:Emergency Contact #2:	
*This form is accurate and complete to best of a *This information may be shared with school st	
Parent Signature:	Date

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