



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.”*

Please return the enclosed form to the nurse’s office as soon as possible. A parent’s 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

Preserving our Past

Embracing our Present
Warrior Run School District is an Equal Opportunity Employer

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ALLERGY HEALTH CARE PLAN

Student Name _____ Grade _____

Allergic to what? _____

What happens when exposed to this allergen? _____

FIRST AID CARE

1. Determine exposure
2. Assess Reaction (see below)
3. Give Benadryl 25mg (liquid form > 2 teaspoons = 10 mL = 25mg) as ordered
4. Notify parent/ guardian or alternate as listed below on call chain
5. Monitor for severe symptoms
6. Take pulse and document
7. Give EpiPen if indicated as directed/ordered and call EMS >> 911.
8. Continue to monitor until EMS arrives

MILD/MODERATE Allergic Reaction-

- Swelling/Itching/Redness at site
- Generalized Itching/Warmth
- Red Palms
- Rapid Pulse
- Hives
- Restless/Anxious

SEVERE Allergic Reaction - * A severe allergy can lead to shock in 10 minutes or less*

- Difficulty Breathing
- Difficulty Swallowing
- Swelling of face/throat/mouth

Healthcare Practitioner Order:

Medication: Benadryl Dose: _____ Time: _____
Medication: EpiPen Dose: _____ Time: _____

Is this student able to carry and self-administer their own epi-pen? _____ Yes _____ No

Physician's signature (required in order to administer or carry epiPen) _____

(Date) _____

Call Chain

Emergency Contact #1: _____

Emergency Contact #2: _____

*This form is accurate and complete to best of my knowledge

*This information may be shared with school staff and bus driver(s).

Parent Signature: _____ Date _____

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