Santa Rosa County Public Schools
Individual Emergency Health Care Plan
School_____

grade__Teacher_____Year_____
grade__Teacher_____Year_____
grade__Teacher_____Year_____

Student Name:_____DOB_____
Parent:_____ Phone#1_____Phone#2_____
2nd Parent:_____ Phone#1_____Phone#2_____
Emergency Contact:_____Phone:_____
2nd Emergency Contact:_____Phone:_____
Physician Name:_____Phone:_____
Specialist Name:_____Phone:_____

1. Health condition/ Length of time condition has existed: **Peanut Allergy**
Reaction to peanuts occurs if student has following type of contact: ☐ Ingestion ☐ Skin contact ☐ Inhalation ☐ Other:_____

2. Allergies:
- ☐ **Food** _____
- ☐ **Medication**_____
- ☐ **Other** _____

3. Medications at home	**Medications at school**	**Medication Storage Location**
_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	☐ Classroom ☐ Clinic ☐ Student Backpack ☐ Other:_____

4. Potential Emergency Situation
- Swelling of the lips, tongue, or eyes
- Swelling or tightness in throat
- Difficulty talking/hoarse voice
- Difficulty breathing or noisy breathing
- Wheezing or persistent cough
- Vomiting, stomach cramps, diarrhea
- Rash
- Loss of Consciousness and/or collapse
- Blue Discoloration of lips or fingernails
- Student becomes pale or floppy
- Other:_____-

Emergency Response
- Stay calm
- Stay with student and escort student to the clinic
- Give **Benadryl** immediately for mild to moderate symptoms – Administer as directed
- Give **Epinephrine autoinjector** immediately for severe symptoms such as difficulty breathing,_____ etc.
  Route: IM Amount: 1 pen
- Notify parents
- Other_____

Call 9-1-1 immediately if: lips or fingernails turn blue or gray, breathing worsens, continuous spasmodic coughing, continued swelling of lips, throat, or tongue, loss of consciousness/collapse, start **CPR immediately if student stops breathing and has no pulse.**

5. Special Needs/Limitations
Diet: Avoid peanuts and peanut products in diet_____
Student needs to sit at nut free table in lunchroom yes ☐ no☐
Activity Level/Physical Restrictions: _____

Classroom Considerations : Assist student to avoid ingestion or contact with peanuts or peanut products, Notify parent volunteers assisting with class of student allergy._____
Take emergency medications(_____) on all off campus activities._____

Send Copies To: __Teacher __Clinic __Guidance __PE __Art __Music __Cafeteria __Teacher Asst. __Bus Driver __School Nurse __Media Center Specialist __Athletic Director __Other_____

Student Name_____

***By my signature on this form, I acknowledge receipt of the Notice of the Privacy Practices Act, and authorize designated Santa Rosa County School District personnel, Santa Rosa County Health Department School Health personnel, and any other contracted healthcare agencies to provide emergency care for my child and/or to exchange medical information as necessary to support the continuity of care of my child.**

Parent Signature_____**Date**_____

☐ **Obtained via telephone interview with parent** **School Year**_____

Administrator Signature	**Date**	**Guidance Signature**	**Date**
Teacher Signature	**Date**	**School Health Technician**	**Date**
Teacher Signature	**Date**	**Nurse Signature**	**Date**

*: Update to Individual Emergency Health Care Plan School Year_____

Status determined by:

☐ **person-to-person interview**
☐ **telephone interview**
☐ **update letter**

_____ No changes to current plan

Parent Signature	**Date**		
Administrator Signature	**Date**	**Guidance Signature**	**Date**
Teacher Signature	**Date**	**Nurse Signature**	**Date**

*: Update to Individual Emergency Health Care Plan School Year_____

Status determined by:

☐ **person-to-person interview**
☐ **telephone interview**
☐ **update letter**

_____ No changes to current plan

Parent Signature	**Date**		
Administrator Signature	**Date**	**Guidance Signature**	**Date**
Teacher Signature	**Date**	**Nurse Signature**	**Date**

Note: 1.** ***significant changes to the plan of care require a new Emergency Health Care Plan be completed.
2. At the beginning of the 4th update or revision a new plan will be written.