

Wilmot Union High School – Individualized Health Plan

SEVERE ALLERGY - _____

Name: _____ Grad Yr: _____ DOB: _____
Address: _____ Phone: _____
Parent/Guardian: _____ Physician: _____

Onset of Allergy: _____

Hospitalization/Emergency Room:

When: _____

Treatment: _____

Usual Symptoms of Allergic Reaction:

- Itching Skin
- Raised Rash (hives)
- Flushing
- Swelling of the lips, throat, tongue, hands & feet
- Difficulty breathing, wheezing, shortness of breath
- Coughing or hoarseness
- Nausea, vomiting, cramps
- Impending sense of doom
- Loss of consciousness
- Other: _____

Treatment:

- Anti-histamine (such as Benadryl)
- Epi-Pen
- 911
- Other: _____

Notes:

Parent Signature: _____ Date: _____

Nurse's Signature : _____ Date: _____

Reviewed by Parent: _____ (Signature) Date: _____

Reviewed by Parent: _____ (Signature) Date: _____

Reviewed by Parent: _____ (Signature) Date: _____