

**LEXINGTON PUBLIC SCHOOLS**  
*Lexington, Massachusetts*  
**EMERGENCY HEALTH CARE PLAN**  
School Year September 2005- June 2006

PHOTO MAY BE PLACED  
HERE

Dear Parent/Guardian:

Your child has been noted to have a significant food, latex, or stinging insect allergy that could require emergency treatment while in school. In order to insure the best possible treatment plan, I would like you to have your child's physician, preferably the Allergist working with your child, formulate an **Emergency Health Care Plan** that I can follow. The usual **Medication Administration Form** must be filled out by the physician to enable us to administer an EpiPen, Benadryl, or other designated medication for an allergic reaction, and should be returned with this plan.

Thank you, Your School Nurse

**Student's name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Room/Team** \_\_\_\_\_

Student's parents'/guardians' names:

\_\_\_\_\_ Home # \_\_\_\_\_ Wk# \_\_\_\_\_

\_\_\_\_\_ Home # \_\_\_\_\_ Wk# \_\_\_\_\_

Other contacts: cell# \_\_\_\_\_ beeper# \_\_\_\_\_

**To be completed by Physician**

MD's name: \_\_\_\_\_ Phone # \_\_\_\_\_

(please print)  
Please check: Allergist \_\_\_\_\_ Primary Care Physician \_\_\_\_\_

My patient, \_\_\_\_\_, has a **documented** \_\_\_\_\_ or **suspected** \_\_\_\_\_  
( please check)

life threatening allergy to \_\_\_\_\_ that may require emergency

medical treatment. He/she was last allergy tested on: \_\_\_\_\_

His/her last significant allergic reaction occurred: \_\_\_\_\_

Signs and symptoms of this student's allergic reaction that should be noted:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**Follow this Treatment Plan:**

1. Administer \_\_\_\_\_ EpiPen 0.3mg \_\_\_\_\_ EpiPen Jr. 0.15mg

2. \_\_\_\_\_

3. \_\_\_\_\_

Further Instructions:

Date: \_\_\_\_\_ M.D.

Dear Physician and Parents/Guardians:

We urge that a backup EpiPen be kept in the School Health Room at all times. This EpiPen will be sent on all field trips at the elementary and middle school level to insure the safety of the student. In the elementary school setting, arrangements can be made for an EpiPen to be kept in appropriate locations per the Emergency Care Plan.

Please note that in Lexington, Emergency Medical Services are activated by a call to 911. **In the case of an emergency, the Lexington Fire Department transports to the nearest medical facility with an ED that is "Open" and accepting patients.** Please feel free to discuss an Emergency Medical Plan, or medical situation such as Life Threatening Allergies to food, latex, and stinging insects with the Paramedic Team of the Lexington Fire Department.

**\*\*New Emergency Health Care Plans and updates may be submitted throughout the year with medication and/or treatment plan changes.**

**Send this completed plan to:**

\_\_\_\_\_ **RN, School Nurse**  
\_\_\_\_\_ **School**

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To all parents:

I have read and reviewed the Emergency Health Care Plan formulated by my child's physician. I agree that it may be placed on file as a part of my child's school health record, and the necessary information be shared with my child's teachers and staff. I also give permission for my child's school nurse to contact the Primary Care Physician or Allergist if further information or clarification is needed regarding my child's Life Threatening Allergy and the care of my child as stated in this plan.

\_\_\_\_\_

date

\_\_\_\_\_

Parent or guardian signature

I have reviewed the above plan and have incorporated it in the student's school health record.

\_\_\_\_\_

date

\_\_\_\_\_ **RN**

School Nurse