

Eden Central School District

3150 Schoolview Road Eden, New York 14057

Mr. Jeffrey A. Sortisio Superintendent (716) 992-3629

☐ Copy provided to Parent

Mrs. Merrie Maxon
Director of Pupil Personnel Services
(716) 992-3645

(716) 992-3629 SEVERE SEASC	ONAL ALLERGY TO: _		(716) 992-3645
Student:		rade: DOB:	
Asthmatic: ☐ Yes ☐ No (increased	d risk for severe reaction)	Severity of reaction	n(s):
School Contact:		Documentat	ion: _ON FILE _ATTACHED
Mother:			
Father:			
Emergency Contact:			
 THROAT Itching, tight SKIN Hives, itchy responds to the severity of symmetric symmetric symmetric strength SKIN Hives, itchy responds to the severity of symmetric symmetric symmetric symmetric symmetric symmetric strength THROAT Itching, tight the severity of symmetric symm	elling of lips, tongue or mouness in throat, hoarseness, cash, swelling of face and exdominal cramps, vomiting, cheath, repetitive cough, was "passing out" of treatment is given im	th cough tremities diarrhea heezing	Student Photo
STAFF MEMBERS INSTRUCTED: Administr	☐ Classroom Terration ☐ Support Staff	acher(s)	☐ Special Area Teacher(s)☐ Transportation Staff
TREATMENT: Remove from allergen Treatment should be initiated □ w Benadryl ordered: □ Ye Call school nurse. Call parent/gua	vith symptoms 🗖 without wes 🗖 No Given	vaiting for symptom	S
Epinephrine ordered:		CULTY BREATHING (·
Preferred Hospital if transported: Epinephrine provides a 20 minute re increased heart rate. This is a norm hospital by ambulance. A staff me guardian or emergency contact is	esponse window. After epir nal response. Students rece ember should accompany t	iving epinephrine sh he student to the e	nould be transported to the mergency room if the parent,
Transportation Plan: □ Medication Special instructions:			
Written by:		Date:	

Parent/Guardian Signature to share this plan with Provider and School Staff: