



Palo Verde Head Start
295 E. Chanslorway
Blythe CA 92225
(760) 922-8454 Fax: (760) 922-3204

CARE PLANS

Program Year: _____

Teacher's Name: _____

Care Plan for:

Asthma: Epi-Pen: Food Allergy:

Child's Name: _____ Date of Birth: _____

Parent/Guardian/Caregiver Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Physician Name: _____ Phone: _____

Medical Condition: Asthma Epi-Pen Food Allergy Other: _____

Asthma:

Medication to be given at SCHOOL: Start Date: _____ Stop Date: _____

1. Name: _____ Dosage: _____
Frequency: _____ When to use: _____

Can be repeated for severe breathing difficulty _____ times _____ minutes apart _____

Medication to be given at SCHOOL: Start Date: _____ Stop Date: _____

2. Name: _____ Dosage: _____
Frequency: _____ When to use: _____

Can be repeated for severe breathing difficulty _____ times _____ minutes apart _____

Epi-Pen: To be given at School

Anaphylaxis Triggers: (check all that apply)

Animals Bee Sting Food Latex Other: _____

Warning Signs of an Anaphylactic Shock OR Asthma

Diarrhea Lips appear blue Swelling of throat or mouth Difficulty breathing severe nausea
 Vomiting Difficulty swallowing Sudden weakness Other: _____

What limitations are needed? (Restricted physical activity, dietary restrictions) _____

Use Epi-Pen:

1. Remove cap from EpiPen Carrying case and take out EpiPen
2. Grasp EpiPen as you would to stab with a knife
3. Remove safety release off the pen with your opposite hand. Orange end has the needle
4. Firmly jab the EpiPen into the outer thigh at a perpendicular angle. Hold there for 3 seconds
5. Remove the pen from the thigh
6. Call 911. Tell the operator you have administered the EpiPen and to send emergency assistance
7. Place the used pen into the safety case and take it with you to the hospital for proper disposal
8. Watch patient carefully for recurring symptoms. If emergency assistance does not arrive in 15-20 mins, call 911 again
EpiPen is made to go through clothing. Do not waste time removing clothing

Physician Signature: _____ Date: _____

I agree with the recommendations of my child's Physician as noted above.

Parent/Guardian/Caregiver Signature: _____ Date: _____