



2013-14 Health Care Plan

Latex Allergy

This record is to be completed by parents/guardians in consultation with their physician. Please check the appropriate box and print your answers clearly in the blank spaces where indicated. The information on this Plan is confidential. All staff that care for your child will have access to this information. The school will only disclose this information to others with your consent. Please contact the school at any time if you need to update this Plan or you have any questions regarding the management of latex allergies at school. It is the responsibility of the parent/guardian to assure the Latex Allergy Health Care Plan is in place for their child and the school is provided with the adequate medication.

Name _____ Date of Birth _____

Grade _____ Academic Partner _____

Description: Allergy to latex is a potentially life-threatening condition which is increasing in incidence throughout the world. The term *latex* is used here to describe products made from natural rubber latex, not synthetic (e.g., latex paint). The extensive use of latex in everyday items and health care (such as gloves) has greatly increased the exposure rate of the average person.

Symptoms: Symptoms may range from a rash when the person touches a product containing latex to breathing difficulties, hives, wheezing, swelling of the face and neck, tingling of the lips, etc. when the allergic person breathes in airborne latex particles. The allergy worsens with repeated exposures.

Student Specifics: The above named student currently responds with large blisters on the exposed skin, especially the palms. These break easily and become painful. Staff should always be observant for more serious progression of symptoms with each exposure.

Problem Intervention

Blistering of skin with exposure to latex.

1. Note student specific symptoms above.
2. Avoid contact with objects containing latex. (See attached list).
3. If exposure suspected, immediately have student wash affected body part thoroughly and rinse well.

4. Loosely cover any blisters that form and protect them from breaking.
5. Notify parents of exposure.
6. Use vinyl gloves in first aid.
7. If a severe reaction develops call 911 and transport to nearest hospital.

I have read and agree to the contents of this plan. Please notify necessary school staff with this form.

Parent Signature _____ Date _____
School Nurse _____ Phone _____