

**Spectrum Academy  
Health Care Plan**

**LATEX ALLERGY PRECAUTIONS**

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Latex Precautions are put in place for the student that has been exposed to latex products (i.e., latex catheters, latex gloves) frequently and over time. This exposure puts individuals at greater risk for developing a latex allergy so care is given to avoid contact with products containing latex.

1. Signs and symptoms of Health Concern:
  
2. Products that do not contain latex should be used whenever possible (see attached).
  
3. If gloves are necessary for care of student, use vinyl or nitrile gloves.
  
4. Allergic responses to latex may include the following:
  - A. Watery eyes
  - B. Wheezing or breathing difficulties
  - C. Redness, rash or itching of skin where latex comes into contact with the skin.
  - D. Swelling / hives
  - E. Area of skin may be warm / hot to touch.
  
5. In case of allergic response to a latex exposure, immediately wash the area with soap and water. Report the exposure to parent. If possible, identify and report the item that caused the allergic response.
  
6. If it is known or suspected that the student has had an exposure to latex but signs of an allergic reaction are not present, wash the suspected exposed area with soap and water. Notify parent of suspected exposure.
  
7. Does student need special considerations related to health concern while at school?
  - A.  Modified classroom
  - B.  Lunch room considerations (parent to notify lunch services)
  - C.  Modified PE class
  - D.  Modified outside activities
  - E.  Field Trips
  - F.  Seasonal changes
  - G.  Emotional or behavioral
  - H.  Other

**Spectrum Academy  
Health Care Plan**

**LATEX ALLERGY PRECAUTIONS**

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

8. Does student require medications while at school?
- A. Medications:
  
  
  - B. If your student needs assistance with medication in the school, parent and health care provider must complete the Spectrum Academy **Authorization of School Personnel to Administer Medication** form. This form must be on file in school office / nursing station with medication.
  - C. According to Spectrum Academy Policy a responsible student may carry a one day's dose of medication on their person.
9. Additional information:

**AUTHORIZATION / INFORMED CONSENT / MEDICAL RELEASE**

I have reviewed and am in agreement with the Health Care Plan and I authorize school officials to provide my child with health care services in accordance with this plan. I understand that my student's health information will need to be shared:

- A. To benefit the student in terms of health maintenance and academic progress.
- B. When necessary to accommodate the safety and well-being of student and staff.
- C. With the discretion of the school nurse to determine what is shared and who should know.

I understand that consent for sharing of health information will remain in effect as long as my student is enrolled in Spectrum Academy and may be revoked at any time in writing by parent / guardian.

I understand if clarification of the health information is needed, my signature authorized the school nurse to contact the medical provider and authorized the medical provider to release information.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date