



# ECZEMA HEALTH MANAGEMENT PLAN

SCHOOL YEAR: \_\_\_\_\_

<b>Student Name:</b>	<b>DOB:</b>
<b>School:</b>	<b>Student ID:</b>

<b>CONTACTS:</b>	
<b>MOTHER:</b>	<b>FATHER:</b>
<b>HOME:</b>	<b>HOME:</b>
<b>WORK:</b>	<b>WORK:</b>
<b>CELL:</b>	<b>CELL:</b>
<b>If parents cannot be reached call:</b>	
<b>Name:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Phone:</b>
<b>Physician:</b>	<b>Phone:</b>
<b>Hospital Preference:</b>	

Eczema is a skin condition that makes your skin red and itchy. Eczema is long lasting (chronic) and tends to flare periodically. Symptoms include:

- Dry skin. Itching, which may be severe, especially at night
- Red to brownish-gray patches, especially on the hands, feet, ankles, wrists, neck, upper chest, eyelids, inside the bend of the elbows and knees
- Small, raised bumps, which may leak fluid and crust over when scratched
- Thickened, cracked, scaly skin
- Raw, sensitive, swollen skin from scratching

**Student history:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medications (list all medications taken):	Dose:	Time:

**SCHOOL MANAGEMENT:**

- Avoid the following triggers: \_\_\_\_\_
- Apply the following to skin for complaints of itching: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**CALL PARENTS:**

**CALL 911:**

*School Clinic: Copy of this plan to be provided to Transportation Supervisor.*

\_\_\_\_\_  
 PARENT SIGNATURE / DATE

\_\_\_\_\_  
 COUNTY SCHOOL NURSE SIGNATURE / DATE