



ALLERGY EMERGENCY PLAN

SCHOOL YEAR: _____

Parent may provide a student photo in this space

Student Name: _____ DOB: _____ Grade: _____

School: _____ Student ID: _____

Allergy to: _____

Date of last reaction and description: _____

Asthmatic: Yes * No Children with asthma have a high risk for severe reaction

Mother:	Home #:	Work #:	Cell #:
Father:	Home #:	Work #:	Cell #:
Other Emergency contact:	Home #:	Work #:	Cell #:
Other Emergency contact:	Home #:	Work #:	Cell #:

SIGNS OF AN ALLERGIC REACTION:

- MOUTH itching & swelling of the lips, tongue and mouth
- THROAT* itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
- SKIN hives, itchy rash, and/or swelling about the face or extremities
- GUT nausea, abdominal cramps, vomiting and/or diarrhea
- LUNG* shortness of breath, repetitive coughing, and/or wheezing
- HEART* "thready pulse, "passing -out"

*Only a few symptoms may be present. Severity of symptoms can change quickly.
Some symptoms can be life-threatening. ACT FAST!

- For minor reaction: itchy mouth, a few hives around mouth/face, mild itch, mild nausea/discomfort
 - Keep student in the clinic for 15 minutes and watch for progression to severe reaction
 - Give medication as follows:
 - Name of Medication _____ Dose _____
 - Name of Medication _____ Dose _____
- For severe reaction – see signs above - DO NOT HESITATE TO GIVE EPINEPHRINE!
 - Administer epinephrine auto-injector immediately and call 911:
 - Name of injector _____ Dose _____
 - Administer other medication as follows _____
 - Contact parents

DO NOT DEPEND ON ASTHMA INHALERS AND/OR ANTIHISTAMINES TO TREAT ANAPHYLAXIS!

This section is to be completed by a Physician IF student is to possess and self-administer epinephrine:

I have instructed this student in the proper use and dosage of his/her epinephrine auto-injector. It is my professional opinion that this student should be allowed to carry and use medication as follows:

Medication name _____ Dose _____

Special Instructions _____

Physician Signature Date

Copy of this plan has been provided to Transportation Supervisor Yes No

Parent Signature Date
Rev 3/11

County School Nurse Signature Date

Benadryl, Epinephrine Auto-Injectors or any other medications for an allergic reaction needs to be provided by parents with required documentation.