



Student Health Services

Revised: 2019

Emergency Action Plan: ALLERGIC REACTIONS

(To be completed by Parent)

Form with fields for School, Student Name, Mother/Guardian, Father/Guardian, Doctor, Clinic, Home Phone, Cell#, and Emergency contact information.

Student is known to be ALLERGIC to: Bee/Wasp stings, Ants, Others:

FOOD ALLERGIES:

Student is ASTHMATIC: YES NO (Higher risk for severe reactions)

Mild Symptoms: (Circle all that apply)

- Student reports insect sting
-Localized redness and mild itching
-Itchy mouth
-Student reports ingestion/exposure to known allergen
-Mild nausea/discomfort

Severe Symptoms: (One or more of the following occurs)

- LUNG: Short of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing/swallowing
MOUTH: Obstructive swelling (tongue and/or lips)
SKIN: Generalized hives, itching, rashes, swelling (eyes, lips)
GUT: Vomiting, diarrhea, crampy pain

ACTIONS TO TAKE:

- 1. Administer/have student administer Epinephrine as directed on Medication Authorization Form.
2. Call 911 and have student transported for further emergency care.
3. Notify parent or emergency contact.
4. Keep student under close adult supervision while waiting for transport.
5. Monitor BP; elevate legs if BP is low
6. Monitor breathing and begin rescue breathing as necessary

ADDITIONAL INSTRUCTIONS:

Parent's Permission and Release of Medical Information section with checkboxes for consent and release of information.

SCHOOL NURSE: Date: Plan reviewed with teacher, TA, bus driver, Special area teachers