

EMERGENCY ACTION PLAN – ALLERGIC REACTIONS/ANAPHYLAXIS

Tri County Area Schools – School Year _____ - _____

Student Name: _____ Birthdate: _____

Parent(s)/Guardian(s): _____ Phone: _____

Doctor: _____ Phone: _____

Teacher: _____ Grade: _____

Allergies: _____ Describe the type of reaction your child has:

Emergency Contacts:

	Name	Phone	Mobile
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

IF YOU SEE THIS	DO THIS
<p>SKIN: Itching, hives, redness, swelling</p>	<p>Provide the following medications as ordered:</p> <p>Benadryl <input type="checkbox"/> Yes <input type="checkbox"/> No Dose: _____</p> <p>Directions: _____</p> <p>_____</p>
<p>MOUTH: Itching, swelling of lips and/or tongue, excessive saliva</p> <p>THROAT: Itching, tightness/closure, hoarse voice</p> <p>SKIN: Itching, hives, redness, swelling</p> <p>STOMACH: Vomiting, diarrhea, cramps</p> <p>LUNG*: Shortness of breath, cough, wheezing or noisy breathing</p> <p>HEART*: Weak pulse, dizziness, fainting</p> <p><i>*some symptoms can be life threatening, ACT FAST, call 911.</i></p>	<p>1. DO NOT HESITATE TO GIVE EPI PEN (if student has a provided epi pen in the nurse's office use that one, if not, emergency epi pen's are available in the yellow box on the wall outside of the nurse's office)</p> <p>2. Inject Epi Pen in the student's thigh ___ EpiPen Jr. – Green Box (for student who weigh less than 66 pounds – use your best judgement) ___ EpiPen – Yellow Box (for students weighing more than 66 pounds)</p> <p>3. CALL 911</p> <p>4. Call parent _____</p> <p>5. Call School Nurse at 231-250-9203</p> <p>6. Stay with the student until help arrives.</p> <p>7. Give rescue breathing/CPR if necessary.</p>

Only a few symptoms may be present. Severity of symptoms can change quickly.

****Some symptoms can be life threatening, ACT FAST!***

Parents Signature _____ Date: _____

Nurse's Signature _____ Date: _____

Physician Signature _____ Date: _____

Comments: _____
