

## Emergency Allergic/Anaphylaxis Plan

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Severe Allergy to: Insect Sting/Bite: name of insect \_\_\_\_\_

Medication: Name of medication \_\_\_\_\_

Chemicals: Specific Type \_\_\_\_\_

Latex: \_\_\_\_\_ or Other: List \_\_\_\_\_

IF student experiences **mild** symptoms of: Hives, itchy skin, swelling at site of sting/bite, or if an ingestion:

**Treatment:**

1. Send student to health office ACCOMPANIED
2. Give \_\_\_\_\_ by mouth. (Med/dose)
3. Contact the parent or emergency contact person.
4. Stay with the student; keep student quiet, monitor symptoms until parent arrives
5. **Watch student for more serious symptoms (listed below).**

**Symptoms that progress can cause a life threatening reaction and can include:**

1. Severe allergic reaction
2. Hives spreading over the body
3. Wheezing, difficulty breathing/swelling, swelling (face, neck)
4. Tingling/swelling of tongue
5. Vomiting
6. Signs of shock (extreme paleness/grey color, clammy skin), loss of consciousness

**Treatment for major reaction:**

1. Inject Epinephrine immediately, according to product description, through clothing if necessary.
2. Call 911 immediately. **Paramedics are called if epi given.**
3. Contact parents/emergency contact person. If parents are not available school personnel will accompany the child to the hospital.

**Special Instructions:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_