

CONFIDENTIAL
EMERGENCY ACTION PLAN
LIFE THREATENING ALLERGY (ANAPHYLAXIS)

Attach photo of
student

Student Name: _____

Date: _____

Please be advised of this student's health condition. Please keep this information available to substitute teachers. Coordinate with the nurse and parent for all field trips. **Please consult the nurse if you have any questions.**

Severe Allergic Reaction to: _____

Signs/Symptoms:

Mild Allergic Reaction: _____

Severe Allergic Reaction: _____

Medications: _____ **Location:** _____

IMPORTANT: Severity of symptoms can change quickly. Some symptoms can be life-threatening! ACT FAST!

Action:

If exposure to allergen is unknown or student is displaying mild symptoms:

1. Contact Nurse's Office
2. Continue to monitor student until help arrives.

If Known exposure and/or student is displaying severe symptoms:

1. Contact the Nurse's Office.
2. Administer epinephrine injection or assist student with self-administration.
3. Call 911, informing EMS that student has severe allergic reactions and epinephrine has been given.
4. Call parent.
5. Continue to monitor student until help arrives.
6. Perform CPR as trained.

IMPORTANT: Never send the student unaccompanied to the Nurse's Office in the event you suspect he/she is having an allergic reaction. Always call the Nurse's Office for assistance.

Remember foods may contain hidden sources of life-threatening allergies. Always obtain clearance from the parent before serving classroom snacks to a student with food allergies.

INDIVIDUAL CONSIDERATIONS:

The above information may be shared with medical personnel and school staff.

Parent Signature: _____ **Date:** _____

Mother's Contact Numbers: _____

Father's Contact Numbers: _____

Alternate Emergency Contact: _____