



ALLERGIC REACTION PLAN

Student's Name: _____

Teacher: _____ Grade: _____ D.O.B: _____

Allergy to: _____

Touch

Airborne

Ingestion

History of Anaphylactic Reaction: Yes: _____ No: _____

If yes, please describe reaction: _____

Signs of an allergic reaction include:

1. Shortness of breath, tightness of the chest, hoarseness, difficulty breathing, or absence of breathing
2. Itching, with or without hives, raised red rash on any area of the body
3. Swelling of the eyes, lips, face, tongue, throat, or elsewhere
4. Difficulty swallowing, nausea, abdominal pain, vomiting and diarrhea
5. Dizziness and/or fainting, loss of consciousness
6. Sense of impending disaster or approaching death
7. Rapid or weak pulse
8. Skin flushing or extreme paleness, sweating and anxiety
9. Blueness around lips, inside lips, eyelid

Action:

1. If an allergic reaction is suspected, give _____
Medication(s) provided by the parent/legal guardian.
2. Call 911
3. Call: Mother _____
Father _____
Or _____

- E.M.S. assumes medical responsibility for the student once they arrive at the school.
- A student cannot remain at school after Epinephrine has been administered.
- E.M.S. requires a signature from the parent/legal guardian before a student is released from their care.

Parent/Legal Guardian's Signature

Date

Physician's Signature

Date

Physician's Printed Name

Physician's Phone Number