

EMERGENCY ACTION PLAN for SEVERE ALLERGY TO:

School: _____ SY: _____ - _____ Grade/Rm: _____ Date: _____

Student's Name: _____ Date of Birth: _____

Diagnosis: _____

Medication: _____

Other Allergies: _____

Emergency Contacts:

Mother/Legal Guardian	(W) Day Phone	Cell/Pager	Home
Father/Legal Guardian	(W) Day Phone	Cell/Pager	Home
Alternate	(W) Day Phone	Cell/Pager	Home
Physician/Health Care Provider	Phone	Fax	

Significant Information: Auto-injectable epinephrine in the health room with the student

If you see this:

Actions:

*Only a few symptoms may be present.
Severity of symptoms can change quickly.
Some symptoms can be life-threatening. ACT FAST!

- Difficulty breathing and/or swallowing*
- Wheezing and/or coughing*
- Itching, tightness, and/or swelling in throat*
- Itching and/or swelling of lips and/or tongue
- Hives all over body
- Nausea, vomiting, stomach pain, diarrhea
- Lightheadedness and/or palpitation*
- Fainting, unconsciousness*



1. If auto-injectable epinephrine is located in the health room, notify School Health Assistant to bring immediately.
2. Administer auto-injectable epinephrine per SH 36 medication order.
3. Call 911 and then parent(s) legal guardian(s).
4. Keep student calm.
5. Allow student to get into a position of comfort.
6. Stay with student until emergency personnel arrives.
7. Have someone wait for ambulance to arrive and direct to where student is.

- Student has above signs and symptoms but eventually **STOPS BREATHING**



Start CPR.