



Severe Allergic Reaction
Emergency Care Plan for School/Field Trip
Must be Reviewed Every Year

Name of Student _____ School _____
Teacher/Grade _____ Date _____

Dear Parent:

We understand that your child is allergic to _____
Please complete this form and return it to school as soon as possible. **If your child needs medication at school, we must have a completed medication authorization form. If your child has special dietary needs, please see the cafeteria manager at your school. It is your responsibility to inform after school staff regarding your child's medical needs.**

School Nurse Phone

Please circle the following regarding your child's allergies:

Oral: Yes / No Contact: Yes / No Airborne: Yes / No

Signs of an Allergic Reaction include the following. Please circle the signs your child has experienced.

- **Mouth** itching & swelling of the lips, tongue, or mouth
- **Throat** itching and/or a sense of tightness in the throat, hoarseness & hacking cough
- **Skin** hives, itchy rash, and/or swelling about the face or extremities
- **Stomach** nausea, abdominal cramps, vomiting and/or diarrhea
- **Lung** shortness of breath, repetitive coughing and/or wheezing
- **Heart** "thready" pulse, "passing-out"

Any of the following symptoms indicate a life-threatening situation is developing:

- difficulty breathing or wheezing
- loss of color around lips
- harsh bark-like sound in the throat heard with breathing
- unconsciousness

____ Student carries emergency medication (The school will assume no responsibility for students who self-medicate. (Medication Authorization Required)

____ Student has emergency medication located in _____ (Medication Authorization Required.)

____ Student does not have medication.

____ Student no longer requires treatment for allergies.

Interventions:

- If student has emergency medication tell him to use it or assist in administering. **Note time given.**
- **Stay with student.**
- **Call for first responders and notify parent.**
- When emergency medication is used or difficulty breathing noted, **call 911.**
- Continue to monitor breathing. If the student has wheezing, a harsh bark-like sound with breathing or if lips become pale or blue, a life-threatening reaction is developing.
- **If breathing stops, begin rescue breathing.**

The school nurse may communicate with the student's health care provider(s):

Dr. _____ Phone _____
Parent/Guardian Signature _____ Date _____

Teachers are responsible for establishing a means of notifying all others who may assume responsibility for this student (teacher assistants, substitute teachers, specialty teachers), that this plan exists.