

School Severe Allergy Plan

School Year _____

Name _____ Grade/room _____

Parent/guardian _____

Home phone _____ Work phone _____

Cell _____

Phone _____ Other Contact _____

Phone _____

Physician _____ Hospital preference _____

Type of allergy:

Insect sting _____

Food _____

Ingested or just touched _____

Animals _____

Other _____

Has emergency treatment been needed in the past year for a reaction? _____

Indicate the signs that are usually present during an allergy attack

___ difficulty breathing

___ rash

___ difficulty swallowing

___ nausea/vomiting

___ swelling

___ flushed or pale skin color

location _____

___ other _____

how much _____

Medications

Daily

Name _____ Dose _____ Time _____

Name _____ Dose _____ Time _____

Emergency

Name _____ Dose _____ supply@school _____

Steps to take during a severe allergy reaction

1. Give allergy medication as prescribed.
2. Observe student for difficulty breathing, shock, swelling and call 911 if needed.
3. Report to parent.
4. Parent to take student for follow-up care.

If you want additional help or have other concerns, please list:

Parent signature _____ Date _____