

**SCHOOL GUIDELINES FOR THE STUDENT WITH SEVERE
ALLERGY/ANAPHYLACTIC REACTION**

Student Name _____ DOB _____ Date _____
School _____ Grade _____ Teacher _____

In case of emergency and parents cannot be contacted, please call:

Name _____ Relation _____ Phone _____

EMERGENCY PROTOCOL FOR SCHOOL PERSONNEL

Trigger: FOOD ALLERGY OR BEE STING ALLERGY (please circle one)
Specify food allergy _____ **Other** _____

SYMPTOMS TO WATCH FOR:

*Hives/Rash	*Nausea/Vomiting	*Tightness in throat
*Itching	*Hacking Cough	*Clear Nasal Drainage
*Abdominal Pain	*Shortness of Breath	*Swelling of lips or tongue
*Wheezing	*Weak/Rapid Pulse	*Other _____

At first signs of these symptoms please follow these instructions:

1. Remove causative agent and **Do not leave student alone.**
2. Administer Benadryl dose _____. Parents to provide Benadryl in original container.
3. If no improvement staff may administer EpiPen per physician's order. (School use only)
Student DOES/DOES NOT (circle one) have Epi-Pen ordered.
Apply ICE to affected body part YES/NO (circle one)
EpiPen is stored _____
Staff trained for EpiPen administration _____

3. Call 911, parents and school nurse. Remain with student and monitor breathing until ambulance arrives.

Parent Signature _____ Date _____
School Nurse Signature _____ Date _____

