

**RETURN TO SCHOOL NURSE**

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

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher/Team \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_  
In case of emergency and parents cannot be contacted, please call:  
Name \_\_\_\_\_ Phone \_\_\_\_\_

**TRIGGER: FOOD** \_\_\_\_\_ / **BEE STING** \_\_\_\_\_ / **OTHER** \_\_\_\_\_

**SYMPTOMS TO WATCH FOR:**

<b>Skin:</b>	<b>Heart/Lungs:</b>	<b>Head:</b>	<b>Stomach:</b>
*Itching	*chest tightness	*swelling	*nausea
*Swelling	*coughing	(lips/eyelids/tongue)	*vomiting
*Blistering	*shortness of breath	*difficulty swallowing	
*Hives	*changes in pulse	*nasal drainage	
*Rash	*wheezing	*hoarseness	
*Pale color			

**Medications:**

Epinephrine (brand and dose): \_\_\_\_\_  
Antihistamine (brand and dose): \_\_\_\_\_  
Other (e.g., inhaler-bronchodilator if asthmatic): \_\_\_\_\_

**At first signs of these symptoms please follow these instructions:**

1. Remove causative agent. **Do not leave student alone.**
2. Administer emergency medications as specified by the physician/parent (note time).
3. Remove causative agent (if indicated).
4. Apply ice to affected body part (if indicated).
5. Position body to facilitate an open airway.
6. Remain with student and monitor closely until ambulance arrives.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR SCHOOL NURSE USE ONLY</b>	
<b>Is EPI-PEN used for emergencies?</b>	<b>YES/NO</b>
Other Medication PRIOR to Epi-pen	<b>YES/NO</b>
Medication: _____	
Epi-pen Stored : _____	
Staff Trained for Epi-pen: _____	