

SEVERE ALLERGIC REACTION CLASSROOM PLAN

DATE _____

NAME: _____ GRADE: _____ ALLERGY: _____

LOCATION OF MEDICATION: _____ EPI-PEN: YES _____ NO _____

CHILD HAS AN ALLERGY ACTION PLAN ON FILE IN THE NURSE'S OFFICE. IT DESCRIBES MEASURES TO BE TAKEN IN THE EVENT OF AN ALLERGIC REACTION.

STAFF NOTIFIED: _____

** Please make available to substitute teacher **

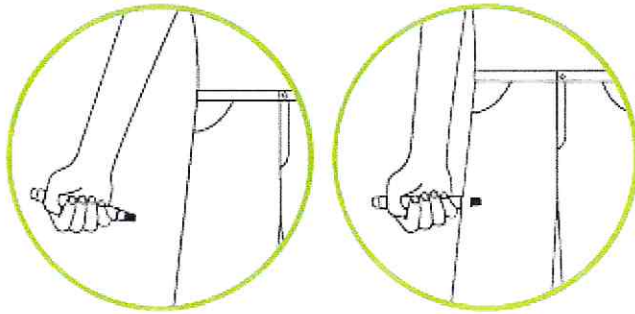
IF YOU SEE THIS:

DO THIS:

<ul style="list-style-type: none">• Hives spreading over body• Wheezing, difficulty breathing or swallowing• Swelling of the face, ears, lips, or neck• Tingling/swelling of the tongue• Extreme paleness/grey color; clammy skin• Loss of consciousness	<ul style="list-style-type: none">• Stay calm and stay with student• Notify nurse immediately and tell her student's name and state "allergic reaction" so she can bring emergency medication• Administer Epi-Pen if on student• Call 911• Notify parent ASAP
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Directions for use of Epi-Pen:

1. Pull off cap
2. Place tip against the outer thigh
3. Press **quickly** and **firmly** and **hold for 10 seconds**, then remove
4. Note time given and place needle away from others
5. Notify EMS of time given



EMERGENCY NUMBERS: EMS: 911

NURSE _____

PARENT: _____

Confidentiality notice: The above information is considered confidential and is being shared by the nurse with school staff who have a "need to know". The recipient of this information should handle the information with strict confidentiality.