

Benjamin School District 25
Severe Allergic Reaction Plan and Medication Orders

Student's Name: _____ Birthdate: _____ Grade: _____ Year: _____

Emergency Contact Phone #1 _____ Emergency Contact Phone #2 _____

Student has a severe allergy to: _____

Allergy History: History of anaphylaxis/severe reaction Date of Last Reaction: _____

Other Allergies: _____ Student has Asthma (increased risk factor for severe reaction)

Epi-Pen(s) is/are located: Office Backpack In Classroom Other: _____

Inhaler(s) is/are located: Office Backpack On Person Other: _____

Anaphylaxis (severe allergic reaction) is an excessive reaction by the body to combat a foreign substance that has been eaten, injected, inhaled or absorbed through the skin. It is an intense life threatening emergency. **Do not hesitate to give Epi-Pen® and call Health Office. Do not leave student unattended.**

Usual Symptoms of Allergic Reaction:

- Mouth – Itching, tingling or swelling of the lips tongue or mouth
- Throat – Sense of tightness in the throat, hoarseness and hacking cough
- Lung – Shortness of breath, repetitive coughing, and/or wheezing
- Heart – “Thready” pulse, “passing out”, fainting, blueness, pale
- Skin – Hives, itchy rash, and/or swelling about the face or extremity
- Gut – Nausea, stomach ache/abdominal cramps, vomiting and/or diarrhea
- General – Panic, sudden fatigue, chills, fear of impending doom

- Call 9-1-1**
- Contact Parents



For mild allergic reaction, send student to Health Office:

Medication: _____ Contact Parents

Please circle your response and sign: I (do / do not) give the School Nurse my permission to share information relevant to my child's medical status with school staff on a “need to know” basis, if she/he determines that this information is necessary to assure my child's health and safety.

Parent Signature: _____

Date: _____

Nurse Signature: _____

Date: _____