

ALLERGIC REACTION PLAN

Student's Name:		
Teacher:	Grade:	: D.O.B:
Allergy to:		
Touch	Airborne	Ingestion
	Reaction: Yes: No	
2. Itching, with or 3. Swelling of the 4. Difficulty swall 5. Dizziness and/6. Sense of imper 7. Rapid or weak 8. Skin flushing or 9. Blueness arour Action: 1. If an allergic re Medication(s) p 2. Call 911 3. Call: Mother Father Or • E.M.S. assumes med • A student cannot rei	reath, tightness of the chest, hoarser without hives, raised red rash on an eyes, lips, face, tongue, throat, or el owing, nausea, abdominal pain, vomi or fainting, loss of consciousness ading disaster or approaching death pulse rextreme paleness, sweating and and lips, inside lips, eyelid eaction is suspected, giveprovided by the parent/legal guardiant content of the student once main at school after Epinephrine has be seen as the content of the student once main at school after Epinephrine has be	e they arrive at the school.
Parent/Legal Guardian's Signature		 Date
Physician's Signature		Date
Physician's Printed Name		Physician's Phone Number