

Student:	Grade	: School C	Contact:	DOB:	
Mother:		MHome #:	MWork #:	MCell #:	
Father:		_ FHome #:	FWork #:	FCell #:	
Emergency Contact:		Relations	hip:	Phone:	
 MOUTH THROAT SKIN STOMACH LUNG HEART The 	ALLERGIC REACTION Itching & swelling of lip Itching, tightness in three Hives, warmth, itchy rass Nausea, abdominal crant Shortness of breath, rep "Thready pulse", "passi e severity of symptom important that treatm	os, tongue or mouth oat, tightness in ches is, generalized swellings, vomiting and/outitive cough, wheeling out"	ing or diarrhea xing ickly –	Student Photo	
STAFF MEMBERS IN	NSTRUCTED: Administration	☐ Classroom Teac☐ Support Staff		al Area Teacher(s) portation Staff	
TREATMENT:	Rinse contact area	with water.			
Benadryl ordered:	☐ Yes ☐ No Give _		iveBenadryl	Benadryl per provider's orders	
Call school nurse at		Call parent/guar	dian if off school ground	ls.	
Epinephrine ordered:	☐ Yes ☐ No	Special instruction	ns:		
IS Preferred Hospital if tran Epinephrine provides a 2 rate. This is a normal re member should accomp	ordered, GIVE Ensported:20 minute response windsponse. Students received	ow. After epinephring epinephrine shounergency room if the	ine, a student may feel did be transported to the l	SITE AND EPINEPHRINE CALL 911. zzy or have an increased heart hospital by ambulance. A staff rgency contact is not present and	
	7.4		NOTE THE		
•			on NOT available on bus		
Healthcare Provider:			Phone: _		
Written by					