Sample

LATEX ALLERGY

Student:	Grade:	School Contact	:	_ DOB:
Mother:	M	Home #:	MWork #:	_ MCell #:
Father:	FI	Home #:	FWork #:	_ FCell #:
Emergency Contact:		Relationship:	Phone	s*
 THROAT Itching SKIN Hives, STOMACH Nausea LUNG Shortne HEART "Thread The severi 	& swelling of lips, to tightness in throat, to warmth, itchy rash, go abdominal cramps, ess of breath, repetition dy pulse", "passing of ty of symptoms can that treatment	ongue or mouth eightness in chest eneralized swelling vomiting and/or diarr ve cough, wheezing	hea - ly.	Student Photo Teacher(s)
☐ Adm		Support Staff	☐ Transportati	. ,
			D d d	
Benadryl ordered:	☐ Yes ☐ No	Give	Benadryl per pr	ovider's orders
Call school nurse at	(Call parent/guardian if	off school grounds.	
Epinephrine ordered:	☐ Yes ☐ No S ₁	pecial instructions:		
IF ANY SYMPTOMS BEYOUS IS ORDE Preferred Hospital if transported Epinephrine provides a 20 minute rate. This is a normal response. member should accompany the stadequate supervision for other sta	RED, GIVE EPIN er response window. Students receiving equation to the emerge	After epinephrine, a soinephrine should be t	DIATELY AND CALL tudent may feel dizzy or ransported to the hospita	911. have an increased heart al by ambulance. A staff
Transportation Plan: Medic	ation available on bu	s	T available on bus 📮 🛭	Does not ride bus
Special instructions:				
Healthcare Provider:			Phone:	
Written by:			Date:	
□ Сору	provided to Parent	☐ Copy s	sent to Healthcare Providence	ler
Parent/Guardian Signature to	share this plan with	Provider and School S	taff:	