

MT. ZION BAPTIST PRESCHOOL
ALLERGIC REACTION PLAN

Student's Name _____ DOB _____

Teacher _____ Class/Age _____

Allergic to: _____

History of Anaphylactic Reaction: Yes _____ No _____

If yes, please describe reaction: _____

Signs of allergic reaction include:

1. Shortness of breath, tightness of the chest, hoarseness, difficulty breathing, or absence of breathing
2. Itching, with or without hives, raised red rash on any area of the body
3. Swelling of the eyes, lips, face, tongue, throat, or elsewhere
4. Difficulty swallowing, nausea, abdominal pain, vomiting, and diarrhea
5. Dizziness and/or fainting, loss of consciousness
6. Sense of impending disaster or approaching death
7. Rapid or weak pulse
8. Skin flushing or extreme paleness, sweating, and anxiety
9. Blueness around lips, inside lips, or eyelid

All above symptoms can potentially progress to a life-threatening situation! The severity of symptoms can quickly change.

Action:

1. If an allergic reaction is suspected, give _____
(name of meds & dosages to be given)
medication(s) provided by the parent/legal guardian.
2. Call 911
3. Call: Mother: _____ Father: _____
Other: _____

- EMS assumes medical responsibility once they arrive at school.
- A student cannot remain at school after Epinephrine has been administered.
- EMS requires a signature from the parent/legal guardian before a student is released from their care.