



TRANSPORTATION COMMUNICATION

ALLERGY/ANAPHYLAXIS EMERGENCY PLAN

Student Name: _____

School Year: _____

School Name: _____ School Ph #: _____

Bus #: _____

Parent Name: _____

Phone #: _____

School Health Aide: _____

Description of Students Medical Concern(s):

IN AN EMERGENCY:

IF THE STUDENT IS IN DANGER, CALL 911 IMMEDIATELY!

If you observe:	Then you should:
<ul style="list-style-type: none">• Itchy mouth or hives around mouth/face• Tongue/lips are swelling or obstructed• Shortness of breath or wheezing• Trouble breathing/swallowing• Repetitive cough• Mild nausea or cramping pain• Faint, dizziness or confusion	<p>If the student has an Epi-Pen, use it immediately. If Epi-Pen is used, note the time given and then call 911, call District Nurse and parents. Do not leave student alone. Monitor student until EMS arrives.</p> <p>If student does not have an Epi-Pen, call 911 or drive directly to the emergency room. Contact dispatch and notify parent. Calm and reassure the student. Do not leave student alone. Contact District Nurse or School Health Aide as soon as possible.</p>

The information provided above is NOT a health care plan but reflects emergency guidance for students with an Asthma Health Care Plan. More detailed plans are available and training may be provided by the District Nurse. This document should be used as an emergency reference only and needs to be readily available to anyone driving or attending to the bus.

Parent Signature: _____

Date: _____

**If available, please attach a current picture of the student to this form.*