

WILLISTON-ELKO SCHOOL DISTRICT #29
12255 Main Street | Williston, SC 29853 | (803) 266-7878

ALLERGIC REACTION EMERGENCY ACTION PLAN

Student: _____	Medical Diagnosis: _____
Date of birth: _____	
Teacher: _____ Grade _____	Allergies: _____
Physician: _____	Parent Contact: _____
Phone: _____	Home: _____
Preferred hospital: _____	Cell: _____ Work: _____
	Other: _____

If you see this: Severe Allergic Reaction	Do this:
<ul style="list-style-type: none"> • itching & swelling of the lips, tongue, or mouth • itching or tightness in the throat, hoarseness, & hacking cough • hives, itchy rash and/or swelling about the face or extremities • nausea, abdominal cramps, vomiting, and/or diarrhea • shortness of breath or wheezing • “thready” pulse, “passing-out” 	<ol style="list-style-type: none"> 1. If student has EpiPen, administer and immediately call 911. 2. Stay with student or designate another adult to do so. 3. Call or designate someone to call the school nurse, principal, and parent. <ol style="list-style-type: none"> a. State who you are. b. State where you are. c. State problem.
If you see this: Student Specific Emergency	Do this:

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL RESCUE SQUAD
 EVEN IF PARENTS CANNOT BE REACHED**

Nurse’s Signature: _____ Date: _____

Physician’s Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____