SAINT CHARLES SCHOOL DISTRICT

TRANSPORTATION EMERGENCY ACTION PLAN

Life Threatening Allergies

Student _____Grade _____

Allergic to: Food (type) _____Insect Sting (type) _____Other_____

Reaction: Please circle your child's symptoms:

Mild:	nausea	* Severe:	swelling of tongue
	Minor hives		tightness in throat
	Itching		wheezing
	Swelling at sting site (insect)		difficult breathing
OTHER: _____			fainting (passing out)

***Allergic symptoms can progress into a life threatening situation.**
****If an Epi-Pen is required for a reaction, 911 will be called for transport to a hospital.**
WILL YOUR CHILD CARRY AN EPI-PEN WITH HIM/HER? YES_____ NO_____
(If yes, Permission to Self Administer Epi-Pen form must be completed)

PROCEDURE FOR LIFE-THREATENING REACTION

If ingestion of allergic food or sting is suspected:

1. Administer Epi-Pen as ordered
2. Call 911 for emergency care and transport to hospital
3. Call dispatcher to contact parent or emergency contact

CONTACT NUMBERS:

Mother_____Home_____Work_____Cell_____

Father_____Home_____Work_____Cell_____

If parents cannot be reached:

Name_____Home_____Work_____Cell_____

Name_____Home_____Work_____Cell_____

Physician name/office number_____

I give permission for this information to be shared as needed with school district personnel.

Parent signature_____Date_____

THIS FORM MUST BE COMPLETED YEARLY

July 2011