

Student Allergy and Emergency Action Plan

Student Information

Student Name

Date of Birth

School

Grade

Parent/Guardian Contact

Parent/Guardian Name

Relationship

Phone (Main)

Phone (Alternate)

Physician Contact

Physician Name

Phone

Allergy Information

List All Allergies (food, medication, insect, other):

Describe Reaction(s):

Usual Treatment Given:

Emergency Action Plan

Symptoms to watch for:

Actions to take during an allergic reaction (include medication and dosage):

When to call emergency services:

Medications at School

Medication(s) to be kept at school (name, dose, route, location):

Does student know how to self-administer? (Yes/No):

Parent/Guardian Signature

Date

Physician Signature

Date