

# Anaphylaxis Field Trip Emergency Protocol Form

Date of Field Trip:

Destination:

Teacher/Staff in Charge:

Student Name:

Student D.O.B.:

Allergies (specify allergens):

Symptoms of Anaphylaxis:

## Emergency Contacts

Name	Relationship	Phone Number(s)

## Medication/Epinephrine Auto-Injector

Location of Auto-Injector during trip:

Dosage Instructions:

Who is responsible for carrying/administering medication?

**Emergency Action Plan Steps**

Nearest Emergency Hospital:

Additional Notes:

Prepared by (name & position):

Date Prepared: