## **School Bus Food Allergy Safety Plan**

Student Information
Student Name
Grade
Bus Number / Route
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Dana at 10 consider a Constant Information
Parent/Guardian Contact Information
Name(s)
Phone Number(s)
Email
Allergy Details
Allergy to (list foods or substances)
Type of Reaction/Severity
Emergency Action
Signs/Symptoms of an Allergic Reaction
Emergency Medication (e.g., EpiPen location & instructions)

Steps to Take in Case of Exposure

1. 2. 3.				
Emergency Con	acts (Name & Num	ber)		
Bus Safety F	rocedures			
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