

School _____
Teacher _____
Bus # _____

**SURRY COUNTY SCHOOLS
SCHOOL HEALTH PROGRAM**

To the Parent/Guardian: If you would like a modification of the standard plan for your child, please write down the specific changes below, sign, and return this to school within 2 weeks.

Name of Student _____ Date _____

SEVERE ALLERGIC REACTION---STANDARD ACTION PLAN

Allergic to _____

Signs of Problem:

- Itching and redness
- Wheezing
- Coughing or sneezing
- Agitation, shortness of breath
- Complaints of chest tightness
- Hives

What to Do:

- Call 911 if student becomes short of breath and prepare to administer CPR
- If the student has an epi-pen, have him/her or trained school staff member administer
- Have someone call parents
- If insect sting, remove the stinger by scraping across surface with firm card or fingernail
And apply ice
- Keep the student warm and avoid exertion

Precautions:

- Identify and avoid allergen
- Wear medical alert bracelet or necklace

Changes/Additions:

This information will be shared with all teachers.

Signature of Parent/Guardian

Date

Signature of Physician Health Care Provider

Date

Signature of School Nurse

Date