

**GEORGETOWN PUBLIC SCHOOLS**



**EMERGENCY ACTION PLAN**

**For Students at High Risk for Severe Allergic Reaction**  
(Fill out a separate form for each allergy if the medical response varies)

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Allergy To: \_\_\_\_\_  
Special Considerations: \_\_\_\_\_

**Signs of an Allergic Reaction Include:**

**Symptoms**

- Mouth Itching and swelling of the lips, tongue, or mouth
- Throat\* Itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
- Skin Hives, itchy rash and/or swelling about the face or extremities
- GI Tract Nausea, abdominal cramps, vomiting, and/or diarrhea
- Lungs\* Shortness of breath, repetitive coughing, and/or wheezing
- Heart\* "Thready" pulse, "passing out"

The severity of the above symptoms can quickly change.  
\*These symptoms can quickly change to a life threatening situation!

**Action**

1. For signs of severe allergic reaction, GIVE \_\_\_\_\_  
(medication / dose/ route)  
immediately, followed by \_\_\_\_\_ if needed.  May repeat 15-20 min. prn.  
\*\*\*\* Authorized Licensed Prescriber Signature \_\_\_\_\_ Date \_\_\_\_\_
2. CALL Rescue Squad 911 if EPI-pen given
3. CALL Parent / Guardian \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\*\*\*

I consent to have the school nurse or school personnel designated by the School Nurse (listed below) administer the medication prescribed by:

\_\_\_\_\_ to \_\_\_\_\_  
Licensed Prescriber Student's Name

**Students may carry EPI-pens on their person with written licensed prescriber authorization and written parental permission only.**

I give permission to the School Nurse to share information relevant to the prescribed medication administration as he/she determines appropriate for my child's health and safety.

*I understand that I may retrieve the medication from the school at any time; however, the medication, will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.*

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY CONTACTS**

**TRAINED STAFF MEMBERS**

1. _____ Relation Phone	1. _____
2. _____ Relation Phone	2. _____
3. _____ Relation Phone	3. _____