



# South Lyon Community Schools

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Special Services Office • 62500-B West Nine Mile Rd. • South Lyon, MI 48178 • (248) 573-8220 • Fax (248) 437-8438  
Linda M. Raye, Director of Special Services

## Allergy Emergency Care Plan for SCHOOL

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_ Room: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Other: \_\_\_\_\_

Physician: \_\_\_\_\_

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This student has a/an allergy to \_\_\_\_\_.

The following emergency plan is based on the physician's recommendations: Child's symptoms usually are (circle all that apply):

1. A red rash, with welts, that are usually itchy
2. Swollen throat or swollen areas of body
3. Wheezing
4. Trouble breathing
5. Hoarse voice
6. Trouble swallowing
7. Other \_\_\_\_\_

## Allergy Emergency Care Plan for SCHOOL

Student Name \_\_\_\_\_ Date \_\_\_\_\_

**Treatment Plan for Allergy**

**When the following symptoms are seen:**

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**Name of Medication and Dosage:**

- ◆ If medication has been approved per a physician's order, administer medication.

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**Other Medical Directives:**

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**IF MEDICATION DOES NOT SEEM TO BE WORKING OR IS NOT AVAILABLE NOTIFY SCHOOL OFFICE TO CALL EMS IMMEDIATELY.**

- ◆ Have staff member meet EMS and escort to room.
- ◆ Transport to hospital.

**If symptoms improve:**

- ◆ Give reassurance.
- ◆ Notify school office.
- ◆ Notify parent

**Epi-Pen Directions:**

- ◆ If Epi-Pen has been approved per a physician's order, administer medication.
  1. Grasp unit with black tip pointed downward
  2. Form fist around the auto-injector
  3. With other hand, pull off gray activation cap
  4. Hold black tip near outer thigh
  5. Hold firmly in place for 5-10 seconds
  6. Massage injection area.

**AFTER EPI-PEN ADMINISTRATION, CALL EMS AND NOTIFY PARENT.**

- ◆ Inform EMS to transport to:

\_\_\_\_\_

Physician Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

**This information expires on the last day of each school year.**