



South Lyon Community Schools

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 TRANSPORTATION

Student Name: _____ Birth Date: _____

Teacher: _____

Grade: _____ Room: _____

Address: _____

Emergency Phone Numbers: _____

Mother: _____

Father: _____

Other: _____

Physician: _____

This student has 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 _____

Transportation Treatment Plan for Allergy

1. Pull off to side of road
2. Notify dispatch, EMS and parent.

Allergy Emergency Care Plan for TRANSPORTATION

When the following symptoms are seen:

- a. _____
- b. _____
- c. _____
- d. _____

4. Administer amount of student's prescribed medication:

Name of Medication and Dosage: _____

It will be necessary to transport to a hospital by ambulance, inform EMS to transport to:

_____.

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 TRANSPORTATION TO CALL EMS AND NOTIFY PARENT.

Physician Signature _____

Parent Signature _____

This information expires on the last day of each school year