

EMERGENCY ALLERGY REACTION FORM

Name: _____ DOB: _____ School: Susquehanna Community SD

Grade: _____ KNOWN ALLERGIES: _____

COMMON SIGNS OF AN ALLERGIC REACTION (This is not an exclusive list of symptoms)

MOUTH Itching, tingling, swelling of the lips, tongue, or mouth

THROAT Itching and/or a sense of tightness in the throat, hoarseness, hacking cough

SKIN Hives, itchy rash, swelling about the face or extremities

GI Nausea, vomiting, abdominal cramps, diarrhea

LUNGS Shortness of breath, repetitive coughing, wheezing

HEART "Thready" pulse, dizziness or fainting

DURING AN ALLERGIC REACTION, HIS/HER TYPICAL SYMPTOMS ARE (please list):

NOTE: Different symptoms may occur with any reaction and severity of symptoms can change rapidly. A high level of suspicion needs to be maintained for any symptoms exhibited by a student with allergies.

ACT QUICKLY!! IF EXPOSURE IS SUSPECTED AND/OR SYMPTOMS ARE PRESENT, IMMEDIATELY DO THE FOLLOWING:

1. TREATMENT

2. CALL 911 & SCHOOL NURSE

3. CONTACT PARENT/GUARDIAN/DESIGNEE

Parent/Guardian Emergency Contact Name: _____

Telephone (h) : _____ (w): _____ (cell): _____

Parent/Guardian Emergency Contact Name: _____

Telephone (h) : _____ (w): _____ (cell): _____

Alternate Emergency Contact Name/Relationship/Number(s): _____

Healthcare Provider/Telephone: _____

Parent Signature: _____ **Date:** _____

***** If student will require emergency medication to be available and administered if needed at school, please see and complete the necessary Medication Administration forms. School policy requires all medications to have a written PA licensed provider and parent/guardian order on file, see complete Medication Policy for more information. *****