

## Annual Student Information/Emergency Plan

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Mother Work \_\_\_\_\_ Father Work \_\_\_\_\_

Mother Cell \_\_\_\_\_ Father Cell \_\_\_\_\_

We understand that your child has an **ALLERGY** to \_\_\_\_\_ which could require medication and/or care. Describe what symptoms your student may experience. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Listed below is the procedure school personnel will follow in the event of an allergic reaction:**

1. Observe student after allergen exposure.
2. Notify school nurse of allergen exposure.
3. Administer student's medication that has been ordered by the physician and has been provided by parent/guardian.  
Medication \_\_\_\_\_ Medication \_\_\_\_\_  
Dosage \_\_\_\_\_ Dosage \_\_\_\_\_  
Route \_\_\_\_\_ Route \_\_\_\_\_
4. If EPI-PEN Jr./EPI-PEN has been ordered and is administered, and/or if student experiences breathing difficulties 911 will be called.
5. Notify parent/guardian.

Please list any additional information or special information or special requests regarding above procedure for your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of serious illness and I cannot be reached, I authorize school personnel to contact:

Physician or clinic \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ or transport by ambulance to \_\_\_\_\_.

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

Building RN Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note: A separate form for the administration of medication must also be included if medication is a part of the plan.**

Medication & Physician order received: \_\_\_\_\_ Date \_\_\_\_\_