

CHEROKEE COUNTY SCHOOL DISTRICT  
ALLERGIC REACTION PLAN

Student's Name \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

Allergy to: \_\_\_\_\_

History of Anaphylactic Reaction: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe reaction: \_\_\_\_\_

To touch       airborne       ingestion

**Signs of an allergic reaction include:**

1. Shortness of breath, tightness of the chest, hoarseness, difficulty breathing, or absence of breathing
2. Itching, with or without hives, raised red rash on any area of the body
3. Swelling of the eyes, lips, face, tongue, throat, or elsewhere
4. Difficulty swallowing, nausea, abdominal pain, vomiting and diarrhea
5. Dizziness and/or fainting, loss of consciousness
6. Sense of impending disaster or approaching death
7. Rapid or weak pulse
8. Skin flushing or extreme paleness, sweating and anxiety
9. Blueness around lips, inside lips, eyelid

All above symptoms can potentially progress to a life-threatening situation! The severity of symptoms can quickly change.

**Action:**

1. If an allergic reaction is suspected, give \_\_\_\_\_  
Medication(s) provided by the parent/legal guardian.
2. Call 911
3. Call: Mother \_\_\_\_\_

Father \_\_\_\_\_

Or \_\_\_\_\_

- **The E.M.S. assumes medical responsibility for the student once they arrive at the school.**
- **A student cannot remain at school after Epinephrine has been administered.**
- **The E.M.S. requires a signature from the parent/legal guardian before a student is released from their care.**

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date