



SAINT CHARLES SCHOOL DISTRICT
TRANSPORTATION EMERGENCY ACTION PLAN
Life Threatening Allergies

Student _____ Grade _____

Allergic to: Food (type) _____ Insect Sting (type) _____ Other _____

Reaction: Please circle your child's symptoms:

Mild: nausea	* Severe: swelling of tongue
Minor hives	tightness in throat
Itching	wheezing
Swelling at sting site (insect)	difficult breathing
OTHER: _____	fainting (passing out)

***Allergic symptoms can progress into a life threatening situation.**

****If an Epi-Pen is required for a reaction, 911 will be called for transport to a hospital.**

WILL YOUR CHILD CARRY AN EPI-PEN WITH HIM/HER? YES _____ NO _____

(If yes, Permission to Self Administer Epi-Pen form must be completed)

PROCEDURE FOR LIFE-THREATENING REACTION

If ingestion of allergic food or sting is suspected:

1. Administer Epi-Pen as ordered
2. Call 911 for emergency care and transport to hospital
3. Call dispatcher to contact parent or emergency contact

CONTACT NUMBERS:

Mother _____ Home _____ Work _____ Cell _____

Father _____ Home _____ Work _____ Cell _____

If parents cannot be reached:

Name _____ Home _____ Work _____ Cell _____

Name _____ Home _____ Work _____ Cell _____

Physician name/office number _____

I give permission for this information to be shared as needed with school district personnel.

Parent signature _____ Date _____

THIS FORM MUST BE COMPLETED YEARLY