

Allergy - Individualized Student Reaction Plan

Date _____ Student _____

School _____ Grade _____ Teacher _____

List your child's allergies _____

When was the last time your child had an allergic reaction? _____

Please describe the signs and symptoms of the reaction.

What medical treatment was provided and by whom?

Please list all medications taken by student.

Emergency Contacts:

1. Name _____ Phone _____
Relationship _____ Cell Phone _____
2. Name _____ Phone _____
Relationship _____ Cell Phone _____

Emergency Plan - To be completed by the School Nurse after review of above history and physician's orders in accordance with Blackstone-Millville Regional School District Policy.

*Note - If EpiPen is given, EMS will be notified and the child will be taken to the nearest emergency facility. The parent or guardian will be notified immediately.