MT. ZION PRESCHOOL ALLERGY ACTION PLAN

Student Information

Name:	Grade/Teacher:
Date of Birth	Allergies:

Emergency Contacts

Parent/Guardian:			Phone:
Alternate Contact:		Relationship to Child:	Phone:
Alternate Contact:		Relationship to Child:	Phone:

Symptoms

Allergic Reaction Symptoms:

_____

_____

_____

History of Anaphylactic Reaction: Yes No

If yes, date of last anaphylactic reaction: _____

Treatment Instructions

1. If an allergic reaction is suspected, give_____
(name of meds & dosages to be given)

***Medication(s) must be provided by the parent/legal guardian. If no medication is provided, we cannot administer any.**

2. If Epinephrine is given or severe reaction suspected, Call 911
3. Emergency Contact will always be notified

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

Georgia State Required Emergency Procedures

• This Allergy Action Plan is written in accordance with Georgia state guidelines for the care of students with life-threatening allergies.
• If a student is experiencing signs of anaphylaxis, epinephrine must be administered immediately by trained school personnel.
• Call 911 immediately after administering epinephrine.
• The student must be transported to the nearest emergency medical facility, even if symptoms appear to improve.
• A second dose of epinephrine may be administered if symptoms persist or worsen, per physician orders.
• This plan authorizes designated and trained school staff to administer medications as prescribed.
• This plan shall be kept accessible to staff responsible for the care of the student, including during field trips and school-sponsored activities.

Authorization

Parent/Guardian Signature: _____

Date:_____