

Anaphylaxis Action Plan AIS-R

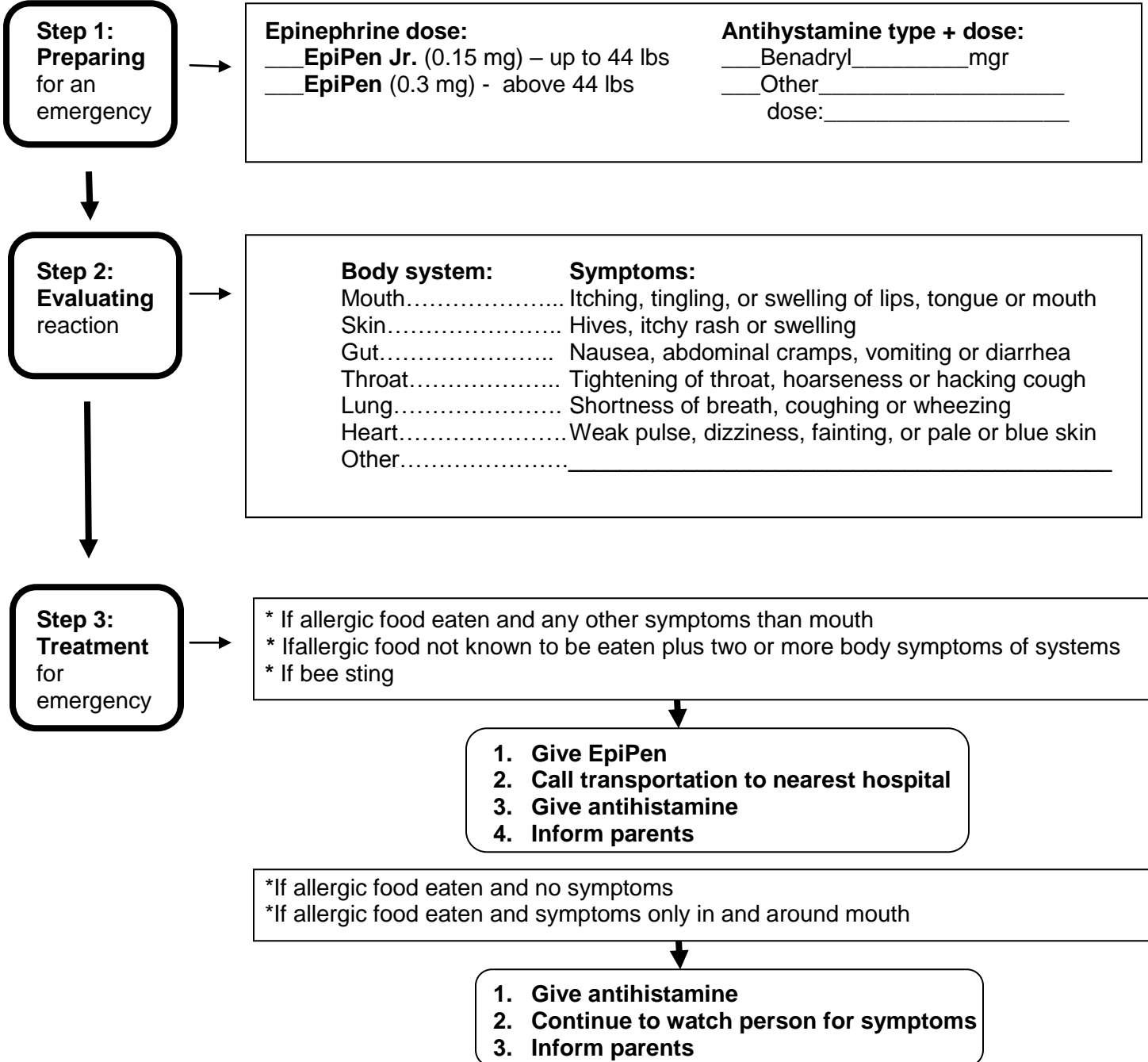
For those requiring emergency epinephrine treatment

Name student: _____ Grade: _____

Allergic to: _____

History of Asthma: Yes No

History of Anaphylaxis: Yes No



The parents/guardians should provide adrenalin (in the form of a self-administering EpiPen) to be kept in the nurse's office. The responsibility of providing medication is that of the parents/guardians of the student concerned.

Signature Parent/Guardian _____

Date _____

Mobile Father: _____

Mobile Mother: _____

