



Individualized Emergency Anaphylaxis Bus Care Plan

Student Name: _____ DOB: _____

School: _____ Grade: _____ Date: _____

Route: _____ Teacher: _____

Allergy: _____

Allergic Reaction – (Anaphylaxis)

Severe Symptoms- shortness of breath, wheezing, repetitive cough, pale or bluish skin, faintness, weak pulse, dizziness, tight or hoarse throat, trouble swallowing, swelling of the tongue or lips, widespread hives, vomiting or diarrhea, anxiety, confusion, feeling like something bad is going to happen.

EMERGENCY PLAN: If student is displaying any of the above symptoms

- 1. STOP the Bus**
- 2. Inject Epinephrine- If you have been trained and student has it with them.**
- 3. Call 911- Let them know the person is having anaphylaxis.**
- 4. Do NOT give anything by mouth**
- 5. Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.**
- 6. Report incident to school and/or parent**

Emergency Contact Name: _____ Phone No. _____

Parent/Guardian Signature: _____ Date: _____

Nurse/Health Aide Signature: _____ Date: _____

EMAIL THIS FORM TO QCUSD TRANSPORTATION DEPARTMENT