

## Allergic Reaction Plan Form

### Inhaler Administration

Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergic to: \_\_\_\_\_

- Medication Located: In classroom with teacher and carried in the classroom binder, which is carried to all locations
- Allergic Reaction Plan form must be completed and signed by parent and medical provider. This form must be given to preschool personnel by the first day of school.
- The **Inhaler** must have the student's name, directions for use, and the expiration date.
- Authorization of medication will be updated annually.

Children attending St. Martha School may not carry medication in their pockets or backpacks due to child care state licensing regulations.

1. What is the child allergic to? \_\_\_\_\_
2. What are the signs and symptoms of the student's allergic reaction? \_\_\_\_\_  
\_\_\_\_\_
3. Is the student aware of this allergy and its possible seriousness? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Has the student been instructed in the use of the **Inhaler**? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Is the **Inhaler** to be used immediately? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, at what time after bite, sting, etc. should it be given? \_\_\_\_\_  
What are the specific signs that signal the need for the **Inhaler**? \_\_\_\_\_
6. Please list any other specific directions to be followed \_\_\_\_\_  
\_\_\_\_\_

### Emergency Protocol

1. **Inhaler** is to be administered by St. Martha Preschool staff.
2. Side effects of albuterol include increased heart rate and jitteriness. School personnel may contact the physician for clarification of any issue relating to this medication. These instructions apply for the duration of the school year.
3. Dr: \_\_\_\_\_ Phone Number: \_\_\_\_\_
4. Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_
5. Emergency Contacts (name/relationship):
  - a. \_\_\_\_\_ Phone Number: \_\_\_\_\_
  - b. \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ School Year: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ School Year: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signing this form shall release St. Martha Preschool and its staff from any liability of any nature that might result from the administration of this medication to the student.