

for parent, if bus student

Woodstown-Pilesgrove Regional School District

Early Childhood Learning Center - Mary S. Shoemaker School - Woodstown Middle School - Woodstown High School  
www.woodstown.org (856) 769-0144

**BUS EMERGENCY PLAN - Anaphylaxis**

<b>Student:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Bus #:</b>
<b>Date:</b>	<b>For school year:</b>
<b>ALLERGY:</b>	

If you suspect that this student ate a food that he/she is allergic to (with no observable symptoms or complaints) **CALL 911**, and then call your bus company supervisor.

If you observe ANY signs/symptoms listed below **CALL 911**, and then call your bus company supervisor.

**SIGNS/SYMPTOMS OF A SEVERE REACTION (to a known or suspected ingestion) MAY INCLUDE:**

One or more of the following:

**Lung:** Short of breath, wheeze, repetitive cough

**Heart:** Pale, blue, faint, weak pulse, dizzy, confused

**Throat:** Tight, hoarse, trouble breathing/swallowing

**Mouth:** Obstructive swelling (tongue and/or lips)

**Skin:** Many hives over body

Or a **combination** of symptoms from different body areas:

**Skin:** Hives, itchy rashes, swelling (eyes, lips)

**Gut:** Vomiting, cramps/pain

Preferred Hospital in case of Emergency: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian (print): \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Any other alternate phone #'s: \_\_\_\_\_

School Nurse: \_\_\_\_\_ (856) 769-0144 ext. \_\_\_\_\_

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