



# Chandler Unified School District #80

## Individualized Emergency Anaphylaxis Bus Care Plan

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Route: \_\_\_\_\_ Teacher: \_\_\_\_\_

### Allergic Reaction – (Anaphylaxis)

**Rash with redness, swelling, severe coughing, difficulty breathing, swollen tongue, pale color, chest pain, and seizures.**

### Bee Sting – Food Allergy

**Nuts, etc.**

#### EMERGENCY PLAN:

- 1. STOP the Bus**
- 2. Call 911**
- 3. Begin CPR**
- 4. Do NOT give anything by mouth**
- 5. Report incident to school and/or parent**

Parent/Guardian Name: \_\_\_\_\_ Phone No. \_\_\_\_\_