



Emergency Action Plan and Order: Severe Allergy in School



Mecklenburg County Public Health

School Name	School Phone #	Fax:	For School Use Only
		(704) 432-2079 (School Health)	Medication Received? <input type="checkbox"/> yes <input type="checkbox"/> no
			Date Entered in EHR? <input type="checkbox"/> yes <input type="checkbox"/> no

Parent/Guardian: Please read both pages of the Action Plan. Sign and date the bottom of both pages to show your agreement.

- Student Self Carries
- Medication in Health Room
- Medication in C

