Tri-County Community Council, Inc. **Head Start**

TEDCY/ANIAI DITYI AVIC EMEDCENCY DI AN

te Sent:	
Diagnosis:	
ild's Name:	Date:
ergies:	Birth Date:
rent/Guardian:	Phone:
nergency Contact:	Phone:
alth Care Provider:	
edications:	
TRANSPO	RTATION
Location of Medication:	
IILD – SPECIFIC EMERGENCIES: ALLERGY/A If you see a child EXHIBITING	DO THIS
Anaphylaxis=a life threatening allergic reaction	> NOTIFY DISPATCH TO CALL 9-1-1

- 2. Safely pull off the road and stay with the child. Refer to the above instruction. Monitor airways, breathing, circulation, and wait for 911 to respond.
- 3. Share student information with 911 personnel. If the student is transported by 911, find out where the student will be transported and notify dispatch.

Bus Monitor Documentation:		
Health Services Coordinator Signature:	Date:	