

EMERGENCY HEALTH CARE PLAN

ALLERGY TO: _____

Place child's

Picture here

Student's

Name: _____ D.O.B. _____ Teacher: _____

Asthmatic Yes

No

* High risk for severe reaction

SIGNS OF AN ALLERGIC REACTION INCLUDE:

Systems:

Symptoms:

Give checked medication:

- | | | | |
|-----------|--|--|---------------------------------|
| • MOUTH | itching & swelling of the lips, tongue, mouth | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> EpiPen |
| • THROAT* | itching and/or a sense of tightness in the throat, hoarseness, and hacking cough | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> EpiPen |
| • SKIN | hives, itchy rash, and/or swelling about the face or extremities | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> EpiPen |
| • GUT | nausea, abdominal cramps, vomiting, and/or diarrhea | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> EpiPen |
| • LUNG* | shortness of breath, repetitive coughing, and/or wheezing | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> EpiPen |
| • HEART* | "thready" pulse, "passing-out" | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> EpiPen |

The severity of symptoms can quickly change. *All above symptoms can potentially progress to a life-threatening situation!

ACTION:

- If ingestion/sting is suspected, give _____
Medication/dose/route
and _____ IMMEDIATELY!

***If EPI PEN is needed: Child SHOULD Child SHOULD NOT carry on them. _____
MD Initials

- CALL RESCUE SQUAD: _____

- CALL: Mother _____ Father _____ or emergency contacts

- CALL: Dr. _____ at _____

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL RESCUE SQUAD
EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED !!!!!**

I give permission for the school nurse/designee to share this information with anyone who comes in contact with my child, so they may be aware of the treatment required.

_____	_____	_____ M.D.	_____
Parent Signature	Date	Doctor's Signature	Date

EMERGENCY CONTACTS

TRAINED STAFF MEMBERS

- _____
Relation: _____ phone _____
- _____
Relation: _____ phone _____
- _____
Relation: _____ phone _____

- _____
room _____
- _____
room _____
- _____
room _____