

# EMERGENCY CARE PLAN

## LATEX - ALLERGY

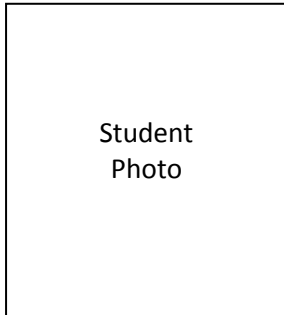


Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School Contact: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Mother: \_\_\_\_\_ M Home #: \_\_\_\_\_ M Work #: \_\_\_\_\_ M Cell #: \_\_\_\_\_  
 Father: \_\_\_\_\_ F Home #: \_\_\_\_\_ F Work #: \_\_\_\_\_ F Cell #: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**SYMPTOMS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL OF THESE:**

- **MOUTH** Itching & swelling of lips, tongue or mouth, mouth “feels hot”
- **THROAT** Itching, tightness in throat, tightness in chest
- **SKIN** Hives, warmth, itchy rash, generalized swelling
- **STOMACH** Nausea, abdominal cramps, vomiting, and /or diarrhea
- **LUNG** Shortness of breath, repetitive cough, wheezing
- **HEART** “Thready pulse”, “passing out”

**The severity of symptoms can change quickly –  
it is important that treatment is give immediately.**



**STAFF MEMBERS INSTRUCTED:**       Classroom Teacher(s)       Special Area Teacher(s)  
 Administration       Support Staff       Transportation Staff

**TREATMENT:**      Rinse contact area with water.

Benadryl ordered:  Yes     No      Give \_\_\_\_\_ Benadryl per provider’s order

Call school nurse at \_\_\_\_\_. Call parent/guardian if off school grounds.

Epinephrine ordered:  Yes     No    Special instructions: \_\_\_\_\_

**IF ANY SYMPTOMS BEYOND REDNESS OR SWELLING ARE SEEN AT THE SITE AND  
EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND CALL 911.**

Preferred hospital if transported: \_\_\_\_\_

Epinephrine provides a 20 minute response window. After epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response. Students receiving epinephrine should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

**Transportation Plan:**     Medication available on bus     Medication NOT available on bus     Does not ride bus

Special instructions: \_\_\_\_\_

Healthcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Written by: \_\_\_\_\_ Date: \_\_\_\_\_

Copy provided to Parent       Copy sent to Healthcare Provider

**Parent/Guardian Signature** to share this plan with Provider and School Staff: \_\_\_\_\_

*This plan is in effect for the current school year and summer school as needed.*