



EMERGENCY HEALTH CARE PLAN

Place
Child's
Picture
Here

ALLERGY TO: _____

Student's Name: _____ D.O.B.: _____ Teacher: _____

Asthmatic Yes * No *High risk for severe reaction

SIGNS OF AN ALLERGIC REACTION INCLUDE:

Systems:

Symptoms:

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

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

ACTION:

1. If ingestion is suspected, give _____ medication/dose/route and _____ immediately!
2. CALL RESCUE SQUAD: _____
3. CALL: Mother _____ Father _____ or emergency contacts
4. CALL: Dr. _____ at _____

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

Parent Signature _____

Date _____

Doctor's Signature _____

M.D. _____

Date _____

EMERGENCY CONTACTS	TRAINED STAFF MEMBERS
1. _____ Relation: _____ Phone: _____	1. _____ Room _____
2. _____ Relation: _____ Phone: _____	2. _____ Room _____
3. _____ Relation: _____ Phone: _____	3. _____ Room _____

For children with multiple food allergies, use one form for each food.

