

Emergency Care Plan for Allergy & Anaphylaxis

Student's Name _____

Date of Birth _____

Physician's Name/Title _____

Physician's phone # _____

Diagnosis (circle) **FOOD ALLERGY**

INSECT ALLERGY

Does student suffer from *Asthma*? Yes or No (Circle one)

Specific Allergy (please specify food and or insect type

FOOD: _____

INSECT: _____

STEPS TO TAKE IF CHILD HAS KNOWN OR SUSPECTED EXPOSURE TO ALLERGEN:

PLEASE NUMBER SEQUENCE OF EMERGENCY INTERVENTION):

___ OBSERVE CHILD FOR SIGNS & SYMPTOMS

___ GIVE EPI-PEN JR 0.15 mg IM / EPI-PEN 0.3 mg IM (Circle one)
BEFORE SYMPTOMS OCCUR, CALL 911, transport via EMS to hospital emergency department

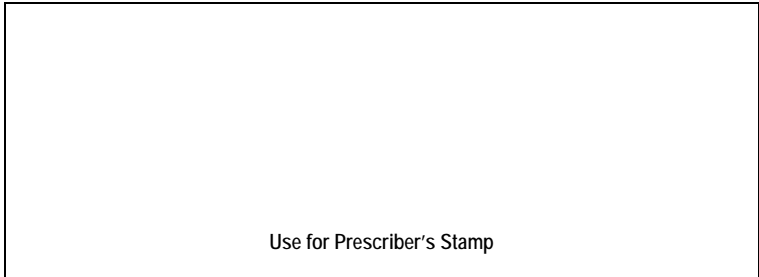
___ GIVE EPI-PEN JR 0.15 mg IM / EPI-PEN 0.3 mg IM (Circle one)
IF SYMPTOMS OCCUR, CALL 911, transport via EMS to hospital emergency department

___ GIVE BENADRYL (dosage) _____ mg by mouth

___ CALL 911. Transport student via EMS to hospital Emergency Department

PHYSICIAN'S SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE



EMERGENCY CONTACT

1. _____
NAME RELATIONSHIP PHONE NUMBERS (HOME, WORK, CELL)

2. _____
NAME RELATIONSHIP PHONE NUMBERS (HOME, WORK, CELL)

A PERSON EXPERIENCING A LIFE THREATENING ALLERGIC REACTION MAY PRESENT WITH ANY OF THE FOLLOWING SYMPTOMS:

Breathing problems, closing of air passages, tightness in throat, chest tightness, difficulty swallowing, Shortness of breath, cough, wheezing, sneezing, hoarseness, hives, skin redness, generalized itching, Itchy skin, itchy mouth, stomach cramps, stomach pain, vomiting, diarrhea, losing control of bowel or bladder, Low blood pressure, rapid heartbeat, weak pulse, feeling anxious, sense of impending doom, confusion, Dizziness, faintness, loss of consciousness

