Canandaigua
City School District

	Telephone	Fax
UPK, K 1, 2 School Health Office	585-396-3940	585-396-3779
3, 4, 5 School Health Office	585-396-3910	585-396-3954
Middle School Health Office	585-396-3860	585-396-3874
Academy School Health Office	585-396-3820	585-396-3957

Photo

Emergency Health Care Plan

Name: _____ DOB: ___/___/___ Teacher: _____

Allergy to: _____

Asthma: Yes / No Inhaler (order) _____

Do <u>not</u> hesitate to administer medication or call 911 even if parents/doctor cannot be reached.

<u>For suspected ingestion/insect sting give:</u>

Antihistamine (order) _____ by mouth IMMEDIATELY!

<u>For any progression of symptoms listed below, administer IM to lateral thigh:</u>

☐ Epinephrine Auto-Injector (0.15 mg)

☐ Epinephrine Auto-Injector (0.30 mg)

☐ May repeat Epinephrine Auto-Injector in 10-15 minutes if necessary

Medical Alert Info by School Nurse

Signs of an allergic reaction may include any/all of these:

Mouth: *itching, tingling and/or swelling of the lips, tongue or mouth*

Throat: *tightening of throat, hoarse, hacking cough*

Skin: *hives, itching, rash, swelling of face and/or extremities*

Stomach: *nausea, vomiting, diarrhea, and/or abdominal cramps*

Lung: *shortness of breath, wheezing, repetitive coughing*

Heart: *"thread" pulse, "passing out"*

Action:

1. Follow medication protocol above
2. Call 911 and ask for advanced life support
3. Parent/Guardian Name _____

Call Parents/Guardians @1. cell_____ home_____work_____

2. cell _____home_____work_____

Emergency contact @ cell _____home_____work_____

_____ _____

Parent/Guardian Signature Date

_____ _____ _____

Health Care Provider *(Print Name)* Signature Date

This plan is required yearly, and will be shared with the school staff caring for my child.