

BLUFFTON-HARRISON MSD
ALLERGIC REACTION EMERGENCY HEALTH CARE PLAN

Date Formulated _____

Student's Name _____ Grade _____ Age/DOB _____

Allergic To: _____ **Asthmatic: Yes/No** (circle one)

GENERAL SIGNS OF AN ALLERGIC REACTION INCLUDE:

SYSTEM	SYMPTOMS
Mouth	Itching & swelling of lips, tongue, mouth
Throat	Itching or a sense of tightness in throat, hoarseness, hacking cough
Skin	Hives, itchy rash, swelling of face or extremities
GI	Nausea, abdominal cramps, vomiting, diarrhea
Lungs	Shortness of breath, repetitive coughing, wheezing
Heart	Weak pulse, "passing out"

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

Specific Symptoms for This Student: _____

EMERGENCY PLAN:

1. MEDICATION: _____ Give Immediately.

2. CALL 911

3. CALL PARENT/GUARDIAN

Parent/Guardian _____ Phone (H) _____
Address _____ Phone (W) _____

Parent/Guardian _____ Phone (H) _____
Address _____ Phone (W) _____

Emergency Contact #1 _____ Phone _____

Emergency Contact #2 _____ Phone _____

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL 911 EVEN IF PARENTS/GUARDIAN CANNOT BE REACHED!

Parent/Guardian signature _____ Date _____

School Nurse signature _____ Date _____

I hereby give permission for this careplan to be shared with appropriate school staff.

Parent/Guardian signature _____ Date _____

