

Severe Allergies Emergency Health Care Plan

Student Name: _____ School Year: _____

School: _____ Grade: _____

Physician Name: _____ Phone: _____

Allergic to: Food (type) _____ Insect Sting (type) _____

Reaction: please circle your child's symptoms

Food Allergy

Mild:

nausea
minor hives
itching

***Severe:**

swelling of tongue
tightness in throat
wheezing
shortness of breath
fainting

Insect Sting Allergy

Mild:

slight swelling at sting site
minor hives
severe itching at sting site

***Severe:**

swelling of tongue
tightness in throat
wheezing
shortness of breath
fainting

*Severe symptoms can progress into a life threatening situation

**If an Epi-Pen is required for a severe reaction, 911 will be called to transport your child to a hospital. If medication is required for a food or sting allergic reaction, it must be provided by the parent and must have written physician authorization and parent permission.

Procedure for Life-Threatening Reaction

1. If ingestion of allergic food or sting is suspected give: _____
medicine/dose/route
2. Call 911 and transport to nearest facility or: _____
3. Call Parent or Emergency Contact and Physician: _____

Important Contact Numbers:

Mother: _____ Home: _____ Work: _____ Cell: _____

Father: _____ Home: _____ Work: _____ Cell: _____

Emergency Contacts if parents cannot be reached:

Name: _____ Home: _____ Work: _____ Cell: _____

Name: _____ Home: _____ Work: _____ Cell: _____

Physician Signature: _____ Date: _____

Parent's Signature: _____ Date: _____