



Emergency Care Plan

ALLERGY

School Year _____

Student: _____ Grade/Teacher: _____ DOB: _____

Asthmatic: Yes No (increased risk for severe reaction) Allergen(s): _____

Previous reaction: _____

Mother: _____ MHome #: _____ MWork #: _____ MCell #: _____

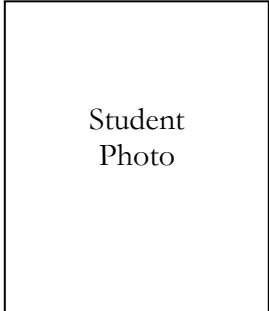
Father: _____ FHome #: _____ FWork #: _____ FCell #: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL OF THESE:

- **MOUTH** Itching & swelling of lips, tongue or mouth, mouth “feels hot”
- **THROAT** Itching, tightness in throat, hoarseness, cough
- **SKIN** Hives, itchy rash, swelling of face and extremities
- **STOMACH** Nausea, abdominal cramps, vomiting, diarrhea
- **LUNG** Shortness of breath, repetitive cough, wheezing
- **HEART** “Thready pulse”, “passing out”

The severity of symptoms can change quickly – it is important that treatment is started immediately.



TREATMENT: Possible Contact/Minor Exposure/or history of only minor symptoms in the past:

Rinse contact area with water if appropriate

Treatment should be initiated with symptoms without waiting for symptoms

Benadryl ordered: Yes No Give (Liquid/oral) (Dose) _____ Benadryl

Other Antihistamine ordered: Yes No Give _____ (Dose) _____

Call Health Office, begin to monitor condition. Call parent/guardian if off school grounds.

Epinephrine ordered: Yes No Special instructions: _____

IF INGESTION OF ALLERGEN OCCURS IN PATIENT WITH KNOWN PRIOR SEVERE REACTION OR RED SYMPTOMS ARE PRESENT OR EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND CALL 911.

Epinephrine provides a 20-minute response window. After epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response. Students receiving epinephrine should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present. Preferred Hospital if transported: _____

Transportation Plan: Medication available on bus Medication NOT available on bus Does not ride bus

Student carries medication with them.

Special instructions: _____

STAFF MEMBERS INSTRUCTED: Classroom Teacher(s) Special Area Teacher(s) Janitorial Supervisor/Safety Team(s)
 Administration Support Staff Transportation Staff

Copy provided to Dietary Copy provided to Parent Copy sent to Healthcare Provider Alert Entered

Parent/Guardian Signature: _____ Date: _____

Health Office Signature: _____ Date: _____