

ALLERGIC REACTION EMERGENCY CARE PLAN

Allergic to: _____

Student Name: _____

Signs of an allergic reaction include:

Systems:

- **MOUTH**
- **THROAT**
- **SKIN**
- **GI**
- **LUNG**
- **HEART**

Symptoms:

itching & swelling of the lips, tongue, or mouth
itching and/or a sense of tightness in the throat, hoarseness, hacking cough
hives, itchy rash, and/or swelling about the face or extremities
nausea, abdominal cramps, vomiting, and/or diarrhea
shortness of breath, repetitive coughing, and/or wheezing
“thready” pulse, “passing-out”

Child may also display the following symptoms: _____

ACTION PLAN:

**1. If reaction is suspected give _____
immediately. (medication/dose/route)**

2. Call 911.

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL RESCUE SQUAD
EVEN IF PARENTS CANNOT BE REACHED!**

_____ My child must sit at the “Peanut Free” table while in the cafeteria.
(parent initial)

_____ My child does not need to sit at the “Peanut Free” table while in the cafeteria.
(parent initial)

***Any health information will be shared with staff on a need-to-know basis.**

(Doctor’s Signature) (Phone) (Date)

(Parent’s Signature) (Phone) (Date)