Place Child's Picture Here

EMERGENCY HEALTH CARE PLAN

Life-Threatening Allergy To: _____

Student's Name: _____ D.O.B. _____Teacher: _____

Asthmatic: Yes No (Children with asthma have a higher risk for severe reaction)

SIGNS OF AN ALLERGIC REACTION INCLUDE:

Systems:	**Symptoms:**
• **Mouth**	itching & swelling of the lips, tongue, or mouth
• **Throat**	itching and/or a sense of tightness in the throat, hoarseness, and persistent cough
• **Skin**	hives, itchy rash, and/or swelling about the face or extremities
• **Gut**	nausea, abdominal cramps, vomiting, and/or diarrhea
• **Lung**	shortness of breath, repetitive coughing, and/or wheezing
• **Heart**	"thready" pulse, "passing-out"

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

IF INGESTION/EXPOSURE IS SUSPECTED, TAKE THE FOLLOWING ACTIONS:

1. Medication(s) are to be given according to the physician's written orders.

2. If physician-ordered Benadryl is given, and no symptoms are noted, notify parent immediately to come and pick up the student. Due to the possibility of delayed or secondary reaction, the student cannot attend school for the reminder of the day of exposure.

3. If symptomatic and/or EpiPen is used, CALL PARAMEDICS (9-1-1).

SCHOOL PERSONNEL WILL NOT HESITATE TO CALL PARAMEDICS IF EXPOSURE IS SUSPECTED

4. CALL: Mother: _____ _____ _____

Phone Number

Father: _____ _____ _____

Phone Number

Other: _____ _____ _____

Phone Number

Other: _____ _____ _____

Phone Number

Revised 5/08