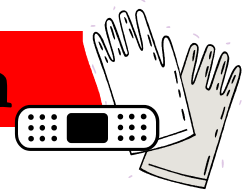


# Emergency Care Plan



## GRASS ALLERGY

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School Contact: \_\_\_\_\_ DOB: \_\_\_\_\_  
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
- **THROAT** Itching, tightness in throat, tightness in chest
- **SKIN** Hives, warmth, itchy rash, generalized swelling
- **STOMACH** Nausea, abdominal cramps, vomiting and/or 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 give immediately.**

Student  
Photo

### STAFF MEMBERS INSTRUCTED:

- ☐ Administration      ☐ Classroom Teacher(s)      ☐ Special Area Teacher(s)  
☐ Support Staff      ☐ Transportation Staff

**TREATMENT:** Rinse contact area with water.

Benadryl ordered: ☐ Yes ☐ No Give \_\_\_\_\_ Benadryl per provider's orders

Call school nurse at \_\_\_\_\_. Call parent/guardian if off school grounds.

Epinephrine ordered: ☐ Yes ☐ No Special instructions: \_\_\_\_\_

**IF ANY SYMPTOMS BEYOND REDNESS OR SWELLING ARE SEEN AT THE SITE AND EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND CALL 911.**

Preferred Hospital if transported: \_\_\_\_\_

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.

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

Special instructions: \_\_\_\_\_

Healthcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Written by: \_\_\_\_\_ Date: \_\_\_\_\_