EMERGENCY HEALTH CARE PLAN

Place Child's Picture Here

ALLERGY TO: _____

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

Asthmatic Yes ❑* No ❑ *High 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 hacking 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!

ACTION:

1. If ingestion is suspected, give _____ (medication/dose/route) and _____ immediately!
2. CALL RESCUE SQUAD: _____
3. CALL: Mother _____ Father _____ or emergency contacts
4. CALL: Dr. _____ at _____

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

_____ Parent Signature _____ Date _____ Doctor's Signature M.D. _____ Date

EMERGENCY CONTACTS	TRAINED STAFF MEMBERS
1. _____ Relation: _____ Phone: _____	1. _____ Room _____
2. _____ Relation: _____ Phone: _____	2. _____ Room _____
3. _____ Relation: _____ Phone: _____	3. _____ Room _____

For children with multiple food allergies, use one form for each food. 5/95