

## EMERGENCY HEALTH CARE PLAN

ALLERGY TO: \_\_\_\_\_

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Teacher: \_\_\_\_\_ Classroom: \_\_\_\_\_

Is child asthmatic? Yes \_\_\_\_\_ No \_\_\_\_\_

### SIGNS OF AN ALLERGIC REACTION INCLUDE:

**MOUTH:** itching and 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

**GI TRACT:** uncommonly--nausea, abdominal cramps, vomiting and/ or diarrhea

**LUNGS:** shortness of breath, repetitive coughing, and/ or wheezing

**HEART:** weak and "thready" pulse, "passing-out"

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

### **ACTION:**

1. If ingestion, exposure, or sting is suspected, give \_\_\_\_\_  
(medication, dose, route)  
and \_\_\_\_\_ immediately.
2. Call 911 or local Emergency Medical Services.
3. Call: Mother \_\_\_\_\_ Father \_\_\_\_\_  
Or emergency contacts \_\_\_\_\_
4. Call Dr. \_\_\_\_\_ at \_\_\_\_\_

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL EMS EVEN IF  
PARENTS OR DOCTOR CANNOT BE REACHED.**

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Date

Emergency Contacts (name and phone)	Trained Staff Members (name and room)
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____