Allergic Reaction
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

_____ _____
Healthcare Provider's Signature Date

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

3–17