

Allergic Reaction Emergency Health Care Plan

ALLERGY TO: _____

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

Teacher: _____ Classroom: _____

Is child asthmatic? Yes _____ (Higher risk of severe reaction) No _____

Signs of an Allergic Reaction Include (Circle student's usual symptoms):

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.
(other actions to be taken)
2. Call 911 or local Emergency Medical Services.
3. Call: Mother/Guardian:ph# _____ Father:ph# _____
Pgr/cell# _____ Pgr/cell # _____
Other emergency contacts _____
4. Or 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

Staff members trained to give Epipen® (name and room number)

1. _____ 2. _____

3. _____ 4. _____