

EMERGENCY HEALTH CARE PLAN

Life Threatening Allergy To: _____

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

Asthmatic: YesY No Y (Children with asthma have a higher risk for severe reaction)

Place Child's
Picture Here

SIGNS OF AN ALLERGIC REACTION INCLUDE:

Systems:

- **Mouth**
- **Throat**
- **Skin**
- **Gut**
- **Lung**
- **Heart**

Symptoms:

itching & swelling of the lips, tongue, or mouth
itching and/or a sense of tightness in the throat, hoarseness, and hacking
hives, itchy rash, and/or swelling about the face or extremities
nausea, abdominal cramps, vomiting, and/or diarrhea
shortness of breath, repetitive coughing, and/or wheezing
"thready" pulse, "passing-out"

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

If ingestion/exposure is suspected, take the following actions:

1. Medication(s)/dose/route to be given _____

2. CALL PARAMEDICS (9-911)

SCHOOL PERSONNEL WILL NOT HESITATE TO CALL PARAMEDICS IF EXPOSURE IS SUSPECTED.

3. CALL: Mother: _____	_____	_____
	Phone Number	
Father: _____	_____	_____
	Phone Number	
Other: _____	_____	_____
	Phone Number	
Other: _____	_____	_____
	Phone Number	

If contact with allergen is suspected, child cannot attend school for the remainder of the day of exposure because of the possibility of secondary or delayed allergic reaction.