

Emergency Health Care Plan



Allergy To: _____

Student's Name: _____

D.O.B. _____ Teacher: _____

Asthmatic: * Yes No *High Risk for Severe Reaction

SIGNS OF AN ALLERGIC REACTION INCLUDE:

Systems:

*MOUTH

THROAT

*SKIN

*GUT

LUNG

*HEART

Symptoms:

Itching and swelling of the lips, tongue or mouth

Itching and/or a sense of tightness in the throat, hoarseness and hacking cough

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 change quickly.

***All above symptoms can potentially progress to a life-threatening situation!**

ACTION:

1. If ingestion is suspected, give _____
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: _____

Physician Signature: _____

Date: _____

Emergency Contact	Trained Staff Members
1. _____	Relation: _____ Phone: _____ Room _____
2. _____	Relation: _____ Phone: _____ Room _____
3. _____	Relation: _____ Phone: _____ Room _____
<p>*ADMINISTERED: _____ DATE _____ TIME*</p>	