

Emergency Health Care Plan

Place
Child's
Picture
Here

ALLERGY TO: _____

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

Asthmatic Yes (High risk for severe reaction) No

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

ACTION:

1. If ingestion is suspected, give _____ medication/dose/route
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

Doctor's Signature M.D. Date

EMERGENCY CONTACTS

1. _____
Relation: _____ Phone: _____
2. _____
Relation: _____ Phone: _____
3. _____
Relation: _____ Phone: _____

TRAINED STAFF MEMBERS

1. _____ Room _____
2. _____ Room _____
3. _____ Room _____

**For children with multiple food allergies,
use one form for each food.**

