

# 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® as listed above (name and room #)

1.	
2.	
3.	