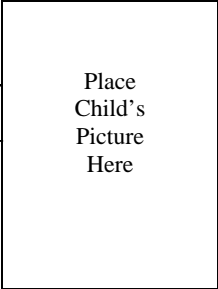


## EMERGENCY HEALTH CARE PLAN (Allergic Reaction)

ALLERGY TO: \_\_\_\_\_

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Teacher \_\_\_\_\_



Asthmatic Yes\*  No\*  \*High risk for severe reaction

### ◆ SIGNS OF AN ALLERGIC REACTION ◆

**Systems:**

**Symptoms:**

- MOUTH** itching & 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
- GUT** nausea, abdominal cramps, vomiting and/or diarrhea
- LUNG\*** shortness of breath, repetitive coughing and/or wheezing
- HEART\*** "thready" pulse, "passing-out"

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

### ◆ ACTION FOR MINOR REACTION ◆

If only symptom(s) are: \_\_\_\_\_, give \_\_\_\_\_ medication/dose/route

Then call:

1. Mother \_\_\_\_\_, Father \_\_\_\_\_, or emergency contacts.
2. Dr. \_\_\_\_\_ at \_\_\_\_\_

If condition does not improve within 10 minutes, follow steps 1-3 below.

### ◆ ACTION FOR MAJOR REACTION ◆

If ingestion is suspected and/or symptoms(s) are: \_\_\_\_\_

give \_\_\_\_\_ IMMEDIATELY!  
medication/dose/route

Then call:

1. Rescue Squad (ask for advanced life support)
2. Mother \_\_\_\_\_, Father \_\_\_\_\_, or emergency contacts.
3. Dr. \_\_\_\_\_ at \_\_\_\_\_

**DO NOT HESITATE TO CALL RESCUE SQUAD!**

\_\_\_\_\_  
Parent's Signature Date

\_\_\_\_\_  
Doctor's Signature Date