

ALLERGY / ANAPHYLAXIS EMERGENCY HEALTH CARE PLAN

For students at high risk for severe allergic reaction to a food or bee sting.

(Fill out a separate form for each allergy.)

ALLERGY TO: _____

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

Special Considerations _____

SIGNS OF AN ALLERGIC REACTION INCLUDE:

- Systems: (circle)
- 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 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 systems can potentially progress to a life-threatening situation!**

ACTION:

1. If ingestion of an allergic food or a bee sting is suspected, **GIVE** _____ (medication/dose/route) _____ immediately, followed by _____ if needed.
2. **CALL** Rescue Squad **911** if epipen given or symptoms not responding to medication.
3. **CALL** Parent _____ Guardian _____ or emergency contacts.
4. **CALL** Dr. _____ at _____.

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL THE RESCUE SQUAD EVEN IF PARENT, GUARDIAN OR DOCTOR CANNOT BE REACHED!

I plan to keep an updated Epipen in my child's backpack at all times: ____yes ____no

Emergency Contacts

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

Trained Staff Members

1. _____ Grade/Room: _____
2. _____ Grade/Room: _____