

**EMERGENCY HEALTH CARE PLAN**

Student \_\_\_\_\_ DOB \_\_\_\_\_ Teacher \_\_\_\_\_

Allergy to: \_\_\_\_\_

Asthmatic: \_\_\_ Yes (High risk for severe reaction) \_\_\_ No

Signs of an allergic reaction include:

Systems

Symptoms

- MOUTH** itching & swelling of the lips, tongue or mouth
- THROAT\*** itching and/or a sense of tightness in the throat, hoarseness, 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!

**WHAT TO DO:**

1. If ingestion/exposure is suspected, give \_\_\_\_\_ immediately!
2. Call: Rescue Squad @ 911
3. Call: Mother \_\_\_\_\_ Father \_\_\_\_\_ or emergency contacts
4. Call: Dr. \_\_\_\_\_ @ \_\_\_\_\_
5. If on field trip, call school

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL RESCUE SQUAD EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED**

\_\_\_\_\_  
Parent Signature                      Date

\_\_\_\_\_  
Physician Signature                      MD                      Date

**EMERGENCY CONTACTS**

**TRAINED STAFF MEMBERS**

1. \_\_\_\_\_  
Relation \_\_\_\_\_ Phone \_\_\_\_\_
2. \_\_\_\_\_  
Relation \_\_\_\_\_ Phone \_\_\_\_\_
3. \_\_\_\_\_  
Relation \_\_\_\_\_ Phone \_\_\_\_\_

1. \_\_\_\_\_ Room \_\_\_\_\_
2. \_\_\_\_\_ Room \_\_\_\_\_
3. \_\_\_\_\_ Room \_\_\_\_\_