

## Allergic Reaction Emergency Health Care Plan

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

Contact

Ingestion

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID# \_\_\_\_\_

Does the child have asthma? YES \_\_\_\_\_ (HIGHER risk of severe reaction) NO \_\_\_\_\_

Nature of Reaction: MILD

MODERATE

SEVERE

Signs of an Allergic Reaction Include: (circle student's usual symptoms)

**MOUTH:** itching and swelling of 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

**LUNGS:** shortness of breath, repetitive cough and/or wheezing

**HEART:** weak, "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
2. And \_\_\_\_\_  
Other directions
3. Call 911 or local emergency medical services
4. Call  
Parent/Guardian \_\_\_\_\_
5. Emergency Contact Numbers \_\_\_\_\_

**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: \_\_\_\_\_