

# ALLERGIC REACTION EMERGENCY HEALTH CARE PLAN

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

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

ALLERGIC TO: \_\_\_\_\_

Is the child Asthmatic? Yes \_\_\_\_\_ No \_\_\_\_\_

## SIGNS OF AN ALLERGIC REACTION INCLUDE:

- 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.
2. Call 911 or local Emergency Medical Services.
3. Call: Mother:ph# \_\_\_\_\_ Father:ph# \_\_\_\_\_  
Cell # \_\_\_\_\_ Cell # \_\_\_\_\_
4. Or call Dr. \_\_\_\_\_ at \_\_\_\_\_  
Or call emergency contacts listed below.

## **DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL EMS EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED.**

I hereby give my permission for exchange of confidential information contained in the record of my child, \_\_\_\_\_ between \_\_\_\_\_  
(Physician's Name)

and the Columbia County School System. I furthermore give Columbia County School System permission to perform the procedure or action as per physician's orders when orders are received. I understand that until the nurse receives the orders from my physician, I will be responsible for providing the services at school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Date

Emergency Contacts (name and phone)

Trained Staff Members (name & room#)

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_