

EMERGENCY HEALTH CARE PLAN

Student's Name _____

Allergic To _____

Asthmatic: Yes* _____ No _____ *High risk for severe reaction

Accidental ingestion of the above food(s) could lead to a severe allergic (anaphylactic) reaction. Signs of an allergic reaction may include any of the following:

- Mouth – itching and/or swelling of the lips, tongue, or mouth
- Throat – itching and/or a sense of tightness in the throat, hoarseness, or a hacking cough
- Skin – hives, itching and/or swelling of the face or extremities
- Gut – nausea, abdominal cramps, vomiting, and/or diarrhea
- Lungs – shortness of breath, repetitive coughing, and/or wheezing
- Heart – lightheadedness, fainting

Treatment Plan

1. If an accidental ingestion is suspected or mild symptoms of a reaction develop, give diphenhydramine (Benadryl) _____ Teaspoons (_____ mg) by mouth immediately.
2. If hoarseness, a sensation of tightness in the throat, difficulty breathing, or any symptoms from two or more of the above systems develop, give epinephrine (_____) and call 911 to arrange transport to the nearest medical facility.
3. Other treatment: _____
4. Call: Mother _____
Father _____
Or emergency contacts _____
5. Call: Dr. _____ at _____

Note: Do not hesitate to administer medications or call 911 even if the parents or doctor cannot be reached. The severity of a reaction can change quickly and any of the above symptoms can potentially progress to a life-threatening situation.

Parent's Signature Date Doctor's Signature Date