

EMERGENCY PLAN FOR ALLERGIC REACTIONS

Child's Name _____ Date of Birth _____

ALLERGY TO: _____

Does the child have asthma? ___ Yes** ___ No **High Risk for severe reactions

SIGNS OF AN ALLERGIC REACTION

<u>SYSTEM</u>	<u>SYMPTOMS</u>
• mouth	Itching & swelling of the lips, tongue or mouth
• throat	Itching and/or a sense of tightness in the throat, hoarseness, and/or hacking cough
• skin	Hives, itchy rash, and/or swelling about the face or extremities
• gut	Nausea, abdominal cramps, vomiting, and/or diarrhea
• lungs	Shortness of breath, repetitive coughing, and/or wheezing
• heart	"Thready" pulse, fainting

The severity of symptoms can quickly change. All of the above symptoms can potentially progress to a life-threatening situation.

Action for MINOR reaction:

If symptom(s) are: _____

- Administer: _____
Medication/dosage/route
- Then call : Parent/Guardian and Health Care Provider
- If condition does not improve within 10 minutes, follow the steps for severe reaction below:

Action for SEVERE reaction:

If symptoms(s) are: _____

- Administer: _____ IMMEDIATELY!
Medication/dosage/route
- Call: 911 (Never hesitate to call 911)
- Then call: Parent or Guardian
- Than call: Health care provider

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Health Care Provider Name: _____

Health Care Provider Signature (required): _____ Date: _____

EMERGENCY CONTACTS

1. _____

Relation to child: _____

Phone: _____

2. _____

Relation to child: _____

Phone: _____

3. _____

Relation to child: _____

Phone: _____

TRAINED STAFF MEMBERS

1. _____

2. _____

3. _____