

Date Plan Was Developed:

Call School Nurse!

Emergency Care Plan: Allergy to _____

Student Name:

DOB:

Grade:

Yes No Asthmatic – HIGHER RISK FOR SEVERE REACTION

Parent/Guardian:

Home Ph:

Work Ph:

Emergency Contact:

Home Ph:

Work Ph:

Emergency Contact:

Home Ph:

Work Ph:

Physician:

Phone:

Preferred Hospital:

Current Medication:

Allergies:

Pertinent Medical/Surgical History:

ALLERGY SYMPTOMS: IMMEDIATELY ADMINISTER EPINEPHRINE AND CALL 911

Epinephrine auto - injector/s stored:

☐ School Clinic

☐ With Student

☐ In Classroom

☐ With Coach

☐ Other

IF YOU SEE THIS

- ☐ Itching swelling of lips, tongue, and/or mouth
- ☐ Itching tightness of throat, hoarseness, hacking cough
- ☐ Hives, itchy rash, swelling of face or extremities
- ☐ Nausea, cramps, vomiting, and/or diarrhea
- ☐ Shortness of breath, repetitive cough, wheeze
- ☐ Signs of shock, passing out

DO THIS

- ☐ **GIVE EPINEPHRINE INJECTION**
- ☐ **IF ASTHMA, GIVE INHALER**
- ☐ **CALL 911**
- ☐ Get student to office if at all possible AND lay them on their back OR side if vomiting.
- ☐ Call parent immediately
- ☐ Never leave student alone
- ☐ Watch for any progression of signs

TIME
Initial

Breathing stops

Begin CPR/Rescue Breathing

Note time of arrival and departure of ambulance; complete this form, initial, and send a copy of form with the ambulance.

The following **staff members** are trained to deal with an emergency, and initiate the appropriate procedures:

1.

Date

2.

Registered Nurse's Signature

3.

Date

Parent/Guardian Signature