



BAKER DEMONSTRATION SCHOOL
EMERGENCY HEALTH CARE PLAN
2008-2009 School Year

ALLERGY TO: _____ Date: _____ Please place photo here

Student: _____ D.O.B. _____ Teacher/Room _____

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

SIGNS OF AN ALLERGIC REACTION INCLUDE:

Systems:

Symptoms:

- 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
GUT nausea, abdominal cramps, vomiting, and/or diarrhea
LUNG* shortness of breath, repetitive coughing, and/or wheezing
HEART* "thready" pulse, "passing-out"

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

ACTION FOR MINOR REACTION:

If ingestion is suspected and symptoms include _____
give _____
Medication/Dose/Route

NOTIFY PARENTS AND OBSERVE STUDENT IN THE HEALTH OFFICE FOR 30 MINUTES FOR SIGNS OF PROGRESSION OF SYMPTOMS. IF CONDITION DOES NOT IMPROVE IN 10 MINUTES, FOLLOW STEPS FOR MAJOR REACTION BELOW.

ACTION FOR MAJOR REACTION:

- 1. If ingestion is suspected and symptoms include _____
give _____ IMMEDIATELY!
Medication/Dose/Route
and _____ IMMEDIATELY!
Medication/Dose/Route

2. CALL 911 RESCUE SQUAD IMMEDIATELY AFTER THE EPI-PEN IS ADMINISTERED

- 3. Call: Mother _____ Father _____ or emergency contacts to notify of incident

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL RESCUE SQUAD EVEN IF PARENTS CANNOT BE REACHED!

Parent Signature Date Physician's Signature Date
Physician's Name Phone Number

EMERGENCY CONTACTS

- 1. _____ Relation: _____ Phone: _____
- 2. _____ Relation: _____ Phone: _____
- 3. _____ Relation: _____ Phone: _____

TRAINED STAFF MEMBERS

- 1. _____ Room: _____
- 2. _____ Room: _____
- 3. _____ Room: _____