



**Emergency Health Care Plan: Allergic Reaction**

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

**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, cough
- SKIN – hives, itchy rash, and/or swelling about the face or extremities
- STOMACH – nausea, abdominal cramps, vomiting and/or diarrhea
- LUNG – shortness of breath, repetitive coughing and/or wheezing
- HEART – “thread pulse,” “passing out”

**WHAT TO DO**

1. If ingestion/exposure is suspected, administer: \_\_\_\_\_  
LOCATION OF MEDICATION: \_\_\_\_\_
2. Call Rescue Squad A @911
3. Call Parents
4. If on a field trip, call the school after steps 1 to 3

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

I give you my permission for this information to be shared with adults at NASD/Sacred Heart School on a need-to-know basis. This health care plan will be in effect for the current school year. I understand that it is my responsibility to notify the health services office whenever there is a change in my child’s health status or care..

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

\_\_\_\_\_  
PHYSICIAN SIGNATURE DATE

**TRAINED STAFF MEMBERS**

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ROOM # \_\_\_\_\_ NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ROOM # \_\_\_\_\_ NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

SCHOOL NURSE \_\_\_\_\_

