EMERGENCY HEALTH CARE PLAN

ALLERGY TO			_	
Student's name	DOBTeacher		Place child's	
Asthmatic Yes	* No *High	risk for severe reaction	picture here	
SIGNS OF AN	ALLERGIC REACTION	INCLUDE:		
SYSTEMS:	SYMPTOMS:			
ACTION: 1. If ingestion is so	Hives, itchy rash and/or swell Nausea, abdominal cramps, we Shortness of breath, repetitive "Thready" pulse, "passing output mptoms can change quickly. *All uation.	Itness in the throat, hoarseness, had ling about the face or extremities womiting and/or diarrhea e coughing and/or wheezing at". I above symptoms can potentially	progress to a	
and	SOUAD: (Request eninephrine)		immediately!	
3. Call Mother	Fathe	r	or emergency contacts	
DO NOT Parent signature		R MEDICATION OR CALL RIOCTOR CANNOT BE REACH Doctor signature	- /	
EMERGENCY CONTACTS		TRAINED STAFF MEMBERS		
1		1 Room		
	Phone	-	-	
l Relation	Phone	1 2	Room	
	Phone	2	Room	