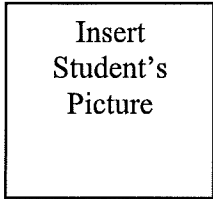


Emergency Care Plan



Name: _____ DOB: _____

School: _____ Grade: _____

KNOWN ALLERGIES: _____

COMMON SIGNS OF AN ALLERGIC REACTION (This is not an exclusive list of symptoms)

- MOUTH Itching, tingling, swelling of the lips, tongue, or mouth
- THROAT Itching and/or a sense of tightness in the throat, hoarseness, hacking cough
- SKIN Hives, itchy rash, swelling about the face or extremities
- GI Nausea, vomiting, abdominal cramps, diarrhea
- LUNGS Shortness of breath, repetitive coughing, wheezing
- HEART "Thready" pulse, dizziness or fainting

DURING AN ALLERGIC REACTION, HIS/HER TYPICAL SYMPTOMS ARE:

NOTE: Different symptoms may occur with any reaction and severity of symptoms can change rapidly. A high level of suspicion needs to be maintained for any symptoms exhibited by a student with food allergies. **ACT QUICKLY!!**

IF INGESTION IS SUSPECTED AND/OR SYMPTOMS ARE PRESENT, **IMMEDIATELY DO THE FOLLOWING:**

1. TREATMENT

2. CALL 911 & CERTIFIED SCHOOL NURSE

3. CONTACT PARENT/GUARDIAN/DESIGNEE

Parent/Guardian Emergency Contact: _____

Telephone (h) : _____ (w): _____ (cell): _____

Parent/Guardian Emergency Contact: _____

Telephone (h) : _____ (w): _____ (cell): _____

Emergency Contact (if Parent/Guardian not available)/Relationship/Telephone Number:

Healthcare Provider/Telephone: _____

Certified School Nurse Signature: _____ Date: _____