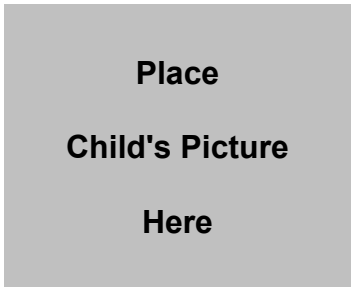


Emergency Health Care Plan



Student _____ Date of Birth __ - __ - __ Teacher _____

Allergy to: _____ Asthmatic __ Yes* __ No (* high risk for severe reaction)

Signs of Allergic Reaction

System

Symptom

Mouth	itching & swelling of the lips, tongue or mouth
Throat*	Itching and/or sense of tightness in the throat, hoarseness, and hacking cough
Skin	Hives, itchy rash, and/or swelling about the face and 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 the symptoms can quickly change. * All above symptoms can potentially progress to a life-threatening situation!

- Action**
1. If ingestion is suspected give (medication) _____ (Dose) _____ (Route) _____
 2. Call Rescue Squad _____
 3. Call Mother _____ Father _____ Guardian _____
or
 4. Dr. _____ at () _____

Do Not Hesitate to Administer Medication or Call Rescue Squad Even if Parents or Guardian Can Not Be Reached!

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____

Emergency Contacts

1. _____
Relation _____ Phone _____
2. _____
Relation _____ Phone _____
3. _____
Relation _____ Phone _____

Trained Staff Members

1. _____ Rm. _____
2. _____ Rm. _____
2. _____ Rm. _____