

**Allergic Reaction**  
**Emergency Healthcare Plan**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Teacher: \_\_\_\_\_ Classroom: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

Is the child asthmatic? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Signs of an Allergic Reaction Include:**

*Circle the student's usual 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

**GI TRACT:** nausea, abdominal cramps, vomiting and/or diarrhea

**LUNGS:** shortness of breath, repetitive coughing and/or wheezing

**HEART:** weak and "thready" pulse, "passing out"

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

**ACTION:**

1) If ingestions, exposure or sting is suspected, give \_\_\_\_\_  
(medication, dose, route)  
and \_\_\_\_\_ immediately.  
(other actions to be taken)

and/or 2) Call 911 or local Emergency Medical Services.

and/or 3) Call: Mother/Guardian: \_\_\_\_\_  
Name Phone Number

Father/Guardian: \_\_\_\_\_  
Name Phone Number

Other emergency contacts: \_\_\_\_\_  
Name Phone Number

4) Or call Dr. \_\_\_\_\_ at \_\_\_\_\_

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL EMS EVEN  
IF PARENTS OR DOCTOR CANNOT BE REACHED.**