

ACTION CARE PLAN FOR A STUDENT WITH ALLERGIC REACTION TO _____

For students with multiple food/medication/other allergies, use one form for each type of allergy

Student _____ Grade/Homeroom _____

Date of Birth _____ Diagnosis _____

EMERGENCY INFORMATION:

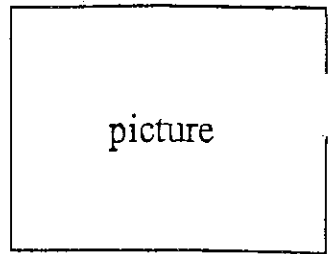
Parent's of Guardian's Name _____

Mother: Telephone (H) _____ Father: Telephone (H) _____

Telephone (W) _____ Cell _____ Telephone (W) _____

Physician: _____ Telephone _____

Address _____



HISTORY: Asthma Yes* _____ No _____ *High risk for severe reaction

Other health concern _____

How/when allergy to _____ was diagnosed _____

Description of circumstances/treatment of past reactions: _____

Did anaphylactic shock occur? Yes _____ No _____ How many times? _____

Student's knowledge level of signs/treatment of allergic reaction _____

The circled symptoms below describe those that the student has had in past reactions

SIGNS OF AN ALLERGIC REACTION INCLUDE	
<u>BODY SYSTEMS</u>	<u>SIGNS AND SYMPTOMS</u>
MOUTH	Itching & swelling of lips, tongue, or mouth
THROAT	Itching and/or a sense of tightness in the throat, hoarseness, hacking cough
SKIN	Hives, itchy rash, and/or swelling about the face or 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 symptoms can quickly change.	
All symptoms noted above can potentially progress to a life-threatening situation.	

ACTION:

- If ingestion or contact with allergen is suspected, give _____ medication/dose/route NOTE: CB #418 form required and _____ immediately!
- CALL RESCUE SQUAD #911
- CALL: Mother _____ Father _____ or emergency contacts _____
- CALL: Dr. _____ at _____

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

EMERGENCY CONTACTS		TRAINED STAFF MEMBERS	
1. Name		1. Name	
Relationship	Phone	Room	
2. Name		2. Name	
Relationship	Phone	Room	
3. Name		3. Name	
Relationship	Phone	Room	

STUDENT'S SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____