



# ALLERGY EMERGENCY CARE PLAN

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Room: \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_ Phone (home): \_\_\_\_\_ (cell) \_\_\_\_\_

Address: \_\_\_\_\_ Phone (work): \_\_\_\_\_

Attach Student Emergency Card for additional emergency contacts.

Health Care Provider Treating Student for Allergy: \_\_\_\_\_ Ph: \_\_\_\_\_

**To provide assistance to a pupil experiencing an allergic reaction:**

<p>1. Type of allergy: _____</p> <p>2. Identify the triggers which start an allergic reaction: _____</p> <p>3. Possible allergic signs: _____</p> <p>OTHER: _____</p>	<p><b><u>ACTIONS TO TAKE (Do this)</u></b></p> <p>Stay calm. Stay with the student and call for help. *Give medication (if prescribed). Name of med: _____ How to give: _____ Amount: _____ When to give/repeat: _____ Location of med: _____</p> <p>OTHER: _____ Notify parents/guardian, and document what happened in child's file. *By law a completed and signed Medication Form must be on file at the school before medication can be administered at school.</p>
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**CALL 911 if student has**

- Difficulty breathing or noisy breathing
- Tightness of chest
- Swelling of tongue, eyes, or lips
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- A wheeze or persistent cough
- Loss of consciousness and/or collapse
- Vomiting, stomach cramps, or diarrhea
- Blue discoloration of lips or fingernails
- Become pale and floppy (young children)

**Administer CPR if breathing stops! Continue until paramedics arrive!**

I authorize school personnel to implement this Allergy Emergency Plan as described.

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Date

I give my consent for school authorities to take appropriate action for the safety and welfare of my child. I give my consent for school authorities to communicate with the authorized health care provider when necessary.  My child does not need services.

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Date