

Child Care Emergency Plan for Allergic Reactions

ALLERGY TO: _____

Student's Name: _____ D.O.B: _____

Asthma Yes* No *High Risk for severe reaction

SIGNS OF AN ALLERGIC REACTION:

<u>Systems</u>	<u>Symptoms</u>
• MOUTH	itching & 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
• 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 the above symptoms can potentially progress to a life-threatening situation.

Action for *minor* reaction:

If symptom(s) are: _____

▣ Administer: _____

medication/dose/route

▣ Then call: Parent/Guardian and Health Care Provider

▣ If condition does not improve within 10 minutes, follow steps for Severe Reaction below:

Action for *severe* reaction:

If symptom(s) are: _____

▣ Administer: _____ IMMEDIATELY!

medication/dose/route

▣ Call: 911 (Never hesitate to call 911)

▣ Call: Parent or Guardian

▣ Call: Health Care Provider

Parent/guardian name _____ phone # _____

Parent/guardian signature _____ Date: _____

Health Care Provider name _____ phone # _____

Health Care Provider signature (Required) _____ Date: _____

