

Sacred Heart School
115 Washington Street, Bath, PA 18014
(610) 837-6391 – Fax (610) 837-2469

EMERGENCY HEALTH CARE PLAN: ALLERGIC REACTION

Student: _____ Grade: _____ School Year: 2011-12

Allergy To: _____

Asthmatic: _____ Yes (high risk for severe reaction) _____ No

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Other Emergency Contact : _____ Phone: _____

Physician: _____ Phone: _____

Signs of an allergic reaction include:

MOUTH itching and swelling of the lips, tongue or mouth

THROAT itching and/or a sense of tightness in the throat, hoarseness, cough

SKIN hives, itchy rash, and/or swelling about the face or extremities

STOMACH nausea, abdominal cramps, vomiting and/or diarrhea

LUNG shortness of breath, repetitive coughing, and/or wheezing

HEART "thread pulse", "passing out"

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

WHAT TO DO:

1. If ingestion/exposure is suspected, administer _____
Immediately

Location of Meds: _____

2. Call: Rescue Squad A@ 911
3. Call Parents
4. If on field trip, call school after steps 1-3 above!

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

I give you my permission for this information to be shared with adults at NASD/Sacred Heart School on a need to know basis. This health care plan will be in effect for the current school year. I understand that it is my responsibility to notify the health services office whenever there is a change in my child's health status or care.

Parent's Signature Date Physician's Signature Date

TRAINED STAFF MEMBERS

1. _____
Name Room# Signature
2. _____
Name Room# Signature

_____ School Nurse