Place child's picture here

EMERGENCY HEALTH CARE PLAN

ALLERGY TO: ____

Child's Name: __________________D.O.B. ______________Child Care Provider ____________________________

History of Asthma ☐ Yes (high risk for severe reaction) ☐ No

Signs of an allergic reaction include:

Systems	Symptoms
MOUTH	Itching & swelling of 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 above symptoms can potentially progress to a life-threatening situation.

ACTION:

If ingestion or insect sting is seen or suspected:
(prescriber should number in order all appropriate actions)

____________ Observe child for severe symptoms
____________ Administer EpiPen@ before symptoms occur
____________ Administer EpiPen@ if symptoms occur
____________ Administer Benadryl@ (dose) ________________or Atarax@ (dose)__________________
____________ Call 911 (and request a paramedic) and transport to ER if symptoms occur
____________ Call 911 (and request a paramedic) and transport to ER if EpiPen@ given

Preferred hospital: ____

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL 911
EVEN IF PARENTS OR PRESCRIBER CANNOT BE REACHED

_________________________ ______________ _____________________________________ _________________
Parent Signature Date Prescriber Signature MD/APRN/PA Date

____ ___________________
Address Phone

EMERGENCY CONTACTS	TRAINED STAFF MEMBERS
1.____	1.______________________________ room __________
Relation: ______________phone________________	
2. ____	2.______________________________room___________
Relation: ______________phone________________	
3.____	3.______________________________room___________
Relation: ______________phone________________	

For children with multiple allergies, use one form for each allergen