

ALMONT COMMUNITY SCHOOLS - EMERGENCY HEALTH CARE PLAN

PLACE CHILD'S PICTURE HERE	STUDENT'S NAME	
	TEACHER	
	BIRTH DATE	
	PLEASE CIRCLE: ASTHMATIC / ALLERGY / BLEEDING DISORDER / OTHER	
Specific Allergy to:		

SIGNS OF A REACTION INCLUDE:	
Symptoms:	
Mouth	Itching, swelling of the lips, tongue, or mouth
Skin	Itching and/or sense of tightness in the throat, hoarseness, and hacking cough
Gut	Nausea, abdominal cramps, vomiting, and/or diarrhea
Lung	Shortness of breath, repetitive coughing, and/or wheezing
Heart	"Thready" pulse, "passing out"
Other	

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

Please check those actions which should be taken:

- If ingestion is suspected, give (medication/dose/route) immediately: _____
- Follow these instructions: _____
- Call rescue squad _____
- Call: Mother: _____ Father: _____
- Call: Dr. _____ Dr. Phone #: _____
- Do not hesitate to administer medication or call rescue squad even if parents or doctor cannot be reached!

Parent Signature _____ Date: _____

Doctor's Signature _____ Date: _____

Emergency Contacts		Trained Staff Members	
1.		1.	
Name/Relation	Phone	Name	Phone
2.		2.	
Name/Relation	Phone	Name	Phone
3.		3.	
Name/Relation	Phone	Name	Phone