

ALMONT COMMUNITY SCHOOLS

EMERGENCY HEALTH CARE PLAN

PLACE CHILD'S PICTURE HERE	ALLERGY TO:	
	Student's Name:	
	DOB:	
	Teacher	
	Asthmatic	Yes <input type="checkbox"/> * No <input type="checkbox"/>
*Denotes HIGH RISK for severe reaction		

SIGNS OF AN ALLERGIC REACTION INCLUDE	
Systems:	Symptoms:
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 above symptoms can potentially progress to a life-threatening situations!	

Please check those actions which should be taken:

1. If ingestion is suspected, give (medication/dose/route) _____ and _____ **immediately!**
2. CALL RESCUE SQUAD: _____
3. CALL: Mother _____ Father _____
or emergency contacts.
4. CALL: Dr. _____ at _____
5. **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	Room
2.		2.	
Name/Relation	Phone	Name	Room
3.		3.	
Name/Relation	Phone	Name	Room

For children with multiple food allergies, use one form for each food.