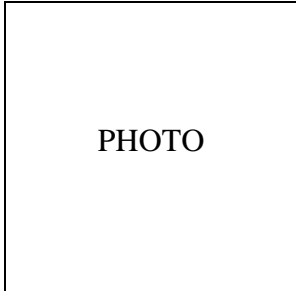




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PHOTO

Emergency Allergic Reaction Plan

Child's Name _____ Date of Birth _____

Allergy _____

SIGNS OF AN ALLERGIC REACTION INCLUDE

Please check all that apply

- Swelling of lips, tongue or mouth
- Tightness in throat
- Hoarseness
- Hacking cough
- Hives
- Rash
- Swelling of extremities
- Nausea
- Pulse
- Abdominal cramps
- Vomiting
- Diarrhea
- Shortness of breath
- Wheezing
- Becomes unconscious
- Thready pulse

PLAN OF ACTION IN CASE OF ALLERGIC REACTION

- Call Parents for instructions
- Administer medication (located in emergency medication box)
- Administer Epinephrine pin and contact EMS
- Contact EMS
- Begin CPR and/or rescue breathing

Primary Emergency Contact _____ Phone _____

Secondary Emergency Contact _____ Phone _____

Doctor to be called in an emergency _____

Address _____ City _____ State _____ Zip _____

Phone _____

Signature of Parent/Guardian _____ Date _____



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