

# Bandera Independent School District

## Emergency Health Care Plan for Severe Allergic Reaction

Student's Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Asthmatic:  No  Yes High Risk for Severe Reaction?  No  Yes

### Signs of Allergic Reaction

#### Systems:

Mouth

Throat\*

Skin

Gut

Lung\*

Heart\*

#### Symptoms:

Itching & swelling of the lips, tongue, or mouth

Itching and/or a sense of tightness in the throat, hoarseness, and hacking cough.

Hive, itchy rash, and/or swelling about the face or extremities

Nausea, abdominal cramps, vomiting, and/or diarrhea

Shortness of breath, repetitive coughing, and/or wheezing

Thready pulse, "passing out"

Place child's  
picture here.

(Optional)

### Action for Minor Reaction

If only symptoms are: \_\_\_\_\_

Give \_\_\_\_\_

Medication	Dose	Route
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Then call:

1. \_\_\_\_\_ mother at this number: \_\_\_\_\_
2. \_\_\_\_\_ father at this number: \_\_\_\_\_
3. \_\_\_\_\_ emergency contacts at this number \_\_\_\_\_

If condition does not improve within 10 minutes, follow steps below.

### Action for Major Reaction (Anaphylaxis- Severe Allergic Reaction)

If symptom(s) are \_\_\_\_\_

Give \_\_\_\_\_ immediately!

Medication	Dose	Route
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Then Call:

1. Emergency Medical Services (EMS)
2. Mother  Father  Emergency Contacts
3. Dr. \_\_\_\_\_ at \_\_\_\_\_ phone number.

**DO NOT HESITATE TO CALL EMS/911**

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Date