

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