

Hamilton-Wenham Regional School District

EMERGENCY HEALTH CARE PLAN

ALLERGY TO: _____

Name: _____

DOB: _____

Teacher: _____

Child's Picture
Here

Signs of an Allergic Reaction Include:

<u>Systems:</u>	<u>Symptoms:</u>
MOUTH	Itching & swelling of the lips, tongue, and/or mouth
THROAT*	Itching and/or a sense of tightness/closure in the throat, hoarseness, and hacking cough
SKIN	Hives, itchy rash, and/or swelling about the face, back, 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 situation!**

ACTION

1. If ingestion is suspected, give:
immediately!
2. CALL RESCUE SQUAD: **911**
3. CALL:
4. CALL: Dr.

DO NOT HESITATE TO ADMINISTER MEDICATION AND CALL RESCUE SQUAD EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED!

Parent Signature _____
Date

Doctor Signature _____
Date

EMERGENCY CONTACTS	TRAINED STAFF MEMBERS