FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Emergency Health Care Plan

Allergy To: ____

Child's Name: _______________________________ DOB: __________________ Child Care Provider: ____________

<u>History of Asthma</u>

- ○ Yes (high risk for severe reaction)
- ○ No

Signs of an allergic reaction include:

Systems	Symptoms
MOUTH	Itching & swelling of 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 situation!

<u>ACTION:</u> If ingestion or insect sting is seen or suspected: (prescriber should number in order all appropriate actions)

______Observe a child for severe symptoms
______Administer EpiPen/Epinephrine before symptoms occur
______Administer EpiPen/Epinephrine if symptoms occur
______Administer Benadryl/Diphenhydramine (dose) ____________ or Atarax (dose)_________
______Call 911 (and request a paramedic) and transport to ER if symptoms occur
______Call 911 (and request a paramedic) and transport to ER if EpiPen given

Preferred hospital: ____

DO NOT HESITATE TO ADMINSTER MEDICATION OR CALL 911 EVEN IF PARENTS OR PRESCRIBER CANNOT BE REACHED!

_____________________________ __________ ___________________________ ____________
Parent/ Legal Guardian Signature Date Prescriber Signature MD/APRN/PA Date

____
Address and Phone number

EMERGENCY CONTACTS	TRAINED STAFF MEMBERS
1.______________________________________	1. ____________________ Room/Site______________
Relation: _______________ Phone: ____________	
2.______________________________________	2. ____________________ Room/Site______________
Relation: _______________Phone: ____________	
3. ______________________________________	3. ____________________ Room/Site______________
Relation: _______________ Phone: ____________	

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