



# Becker School

## EMERGENCY HEALTH CARE PLAN - ALLERGIC REACTION Information and Authorization 2020-2021

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Class: \_\_\_\_\_

Allergic to: \_\_\_\_\_

### SIGNS OF AN ALLERGIC REACTION INCLUDE:

Please circle those that show as first symptoms for your child.

Systems:

Symptoms:

MOUTH.....Itching, tingling & swelling of the lips, tongue or mouth  
 THROAT.....Itching and/or a sense of tightness in the throat, hoarseness & hacking cough  
 SKIN.....Hives, itchy rash, and/or swelling about the face or limbs  
 GUT.....Nausea, abdominal cramps, vomiting, and/or diarrhea  
 LUNG.....Shortness of breath, repetitive coughing, and/or wheezing  
 HEART....."Thready" pulse, low blood pressure, pale, "passing out"

Asthmatic  yes\*       no      \*High risk for severe reaction

The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation! \*

**Action:**

- If ingestion is suspected, give \_\_\_\_\_ immediately!  
Medication /dose /route
- CALL RESCUE SQUAD 911: (Request epinephrine) \_\_\_\_\_.
- CALL: Mother \_\_\_\_\_ Father \_\_\_\_\_  
Phone Phone
- CALL: Dr. \_\_\_\_\_ at \_\_\_\_\_.

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

\_\_\_\_\_  
Parent's Signature      Date

\_\_\_\_\_  
Doctor's Signature      M.D.      Date

**EMERGENCY CONTACTS**

**Additional Notes:**

1. \_\_\_\_\_

Relation: \_\_\_\_\_ phone \_\_\_\_\_

2. \_\_\_\_\_

Relation: \_\_\_\_\_ phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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