



Becker School

EMERGENCY HEALTH CARE PLAN - ALLERGIC REACTION Information and Authorization 2023-2024

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:

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"

Symptoms:

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:

1. If ingestion is suspected, give _____ immediately!

Medication /dose /route

2. CALL RESCUE SQUAD 911: (Request epinephrine) _____.

3. CALL: Mother _____ Father _____

Phone

Phone

4. 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 _____
