

## JRC EARLY CHILDHOOD CENTER

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### Emergency Allergy Health Care Plan

**NOTE: If child has different reactions to different foods fill out a separate form for each food.**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Class \_\_\_\_\_ Teacher \_\_\_\_\_

Allergy to: \_\_\_\_\_

Asthmatic? Yes \_\_\_\_\_ No \_\_\_\_\_

#### **Signs of an allergic reaction:**

Mouth: Itching and swelling of the lips, tongue or inside of the mouth  
Itching and/or a sense of tightness in the throat,  
hoarseness and a hacking cough

Skin: Hives, itchy rash or swelling of the face or extremities

GI System: Nausea, abdominal cramps, vomiting or diarrhea

Lungs: Shortness of breath, repeated coughing or wheezing

Heart: Thready pulse, "passing out"

Place child's picture here.

Any symptoms common or specific for your child\_\_\_\_\_

#### **ACTION TO TAKE:**

**Do not hesitate to administer medication or to call rescue squad even if parents or doctor cannot be reached.**

1. If ingestion of a food allergen is suspected, give \_\_\_\_\_ specify medicine(s) / dose / route  
\_\_\_\_\_ if any ingestion \_\_\_\_\_ only if reaction \_\_\_\_\_ only if any of these symptoms: \_\_\_\_\_
2. If asthmatic or if child has respiratory symptoms, give Albuterol as inhaler or nebulizer if available? Y/N \_\_\_\_\_
3. Call ambulance: \_\_\_\_\_ if any ingestion \_\_\_\_\_ if any reaction \_\_\_\_\_ if any of these symptoms: \_\_\_\_\_
4. In emergency, notify these individuals first\*. Then if necessary, move to emergency contacts below.

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

5. Call Doctor \_\_\_\_\_ at \_\_\_\_\_

**I give permission to share this medical information with all JRC staff and to post this information in the school and classrooms so that it is visible to any occupants in the room.**

Parent's signature

Date

Doctor's signature

Date

Medication cannot be administered without doctor's signature

#### **EMERGENCY CONTACTS (\*to be used after priority calls are made as noted above):**

1. Name \_\_\_\_\_ relation \_\_\_\_\_ phone \_\_\_\_\_
2. Name \_\_\_\_\_ relation \_\_\_\_\_ phone \_\_\_\_\_