JRC EARLY CHILDHOOD CENTER

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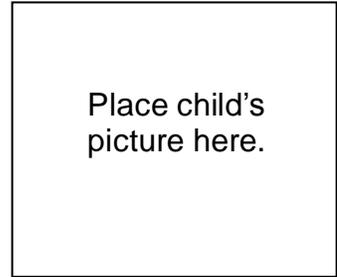
Emergency Allergy Health Care Plan
NOTE: If child has different reactions to different foods fill out a separate form for each food.

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_____

6/24/15