

STUDENT HEALTH SERVICES AND REQUIREMENTS
(Emergency Health Care Plan)

Place
Child's
Picture
Here

ALLERGIC TO		
Student's Name		
Date of Birth		
Teacher		
Asthmatic?	<input type="checkbox"/> Yes*	<input type="checkbox"/> NO
*Denotes HIGH RISK for severe reaction		

SIGNS OF ALLERGIC REACTION INCLUDE	
Systems:	Symptoms:
MOUTH	itching & swelling of the 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
STOMACH	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!	

Action

1. If ingestion is suspected, give _____
_____ (medication/dose/route)
immediately!
2. CALL RESCUE SQUAD: _____
3. CALL: Mother _____ Father _____
or emergency contacts.
4. CALL: Dr. _____ at _____.

FILE: JHC-AF

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

Parent's signature

Date

Doctor's signature

Date

EMERGENCY CONTACTS	Trained Staff Members
1.	1.
Name/Relation Phone	Name Room
2.	2.
Name/Relation Phone	Name Room
3.	3.
Name/Relation Phone	Name Room

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

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 11/20/2000

Clinton School District #124, Clinton, Missouri