



THE TATNALL SCHOOL

Emergency Health Care Plan for Allergies

ALLERGY TO: _____

Student's Name: _____ D.O.B _____

Grade/Teacher: _____

ASTHMATIC: _____ YES _____ NO

HIGH RISK FOR SEVERE REACTION: _____ YES _____ NO

Signs of an allergic reaction include:

Systems:

Symptoms:

MOUTH

itching & swelling of the lips, tongue, or mouth

THROAT *

itching and/or a sense of tightness in throat, hoarseness, cough

SKIN

hives, itchy rash, and/or swelling about the face or extremities

GUT

nausea, abdominal cramps, vomiting, and/or diarrhea

LUNG *

shortness of breath, repetitive coughing, and/or wheezing

HEART *

“thread” pulse, “passing-out”

ACTION:

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

1. If ingestion or contact is suspected, give _____
Medication/dosage/route
and _____ immediately.

2. CALL RESCUE SQUAD: (request epinephrine): _____

3. Call: Mother _____ Father: _____

4. Call: Dr. _____ at _____

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

Parent Signature Date _____ M.D. _____
doctor's signature date

-Over-

EMERGENCY CONTACTS

1. _____

Relation: _____

Phone: _____

2. _____

Relation: _____

Phone: _____

TRAINED STAFF MEMBERS

1. _____

Room: _____

2. _____

Room: _____

3. _____

Room: _____

***** IN THE EVENT THE SCHOOL NURSE OR THE ATHLETIC TRAINER ARE NOT AVAILABLE TO ADMINISTER EPINEPHRINE I AGREE TO ALLOW A TRAINED NONMEDICAL STAFF PERSON TO FOLLOW THE ABOVE PLAN, INCLUDING ADMINISTRATION OF AN EPIPEN.**

parent/guardian's signature

date