

Margolin Hebrew Academy
EMERGENCY HEALTH CARE PLAN

Place child's
Picture Here

Student's Name: _____ D.O.B. _____ Teacher/Class: _____

Allergy To: _____

Asthmatic: Yes No (Children with asthma have a higher risk for severe reaction)

SIGNS OF AN ALLERGIC REACTION INCLUDE:

Please circle those that apply to your child.

Systems:

Symptoms:

Mouth

itching & swelling of the lips, tongue, or mouth

Throat

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

"thready" pulse, "passing-out"

The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation! No medication will be given without a doctor's note : including an epipen and Benedryl.

ACTION STEPS:

1. If ingestion is suspected, give _____ immediately!
Medication/Dose/route

If physician-ordered Benadryl is given, and no symptoms are noted, notify parent immediately to come and pick up the student. Due to the possibility of delayed or secondary reaction, the student cannot attend school for the remainder of the day of exposure.

3. If symptomatic and/or EpiPen is used, CALL PARAMEDICS (9-1-1).

SCHOOL PERSONNEL WILL NOT HESITATE TO CALL PARAMEDICS IF EXPOSURE IS SUSPECTED

4. CALL: Mother : _____

Father: _____

Other: _____