

BALDWINVILLE CENTRAL SCHOOL DISTRICT

ALLERGIC REACTION/ANAPHYLAXIS HEALTH CARE PLAN

GENERAL INFORMATION

STUDENT
PHOTO

Name _____ DOB _____
Teacher _____ Room _____ Grade _____
Parent/Guardian Name _____ Home Phone _____
Address _____ Work Phone _____
Cell Phone _____
Parent/Guardian Name _____ Home Phone _____
Address _____ Work Phone _____
Cell Phone _____

EMERGENCY AND PHYSICIAN CONTACTS

Emergency Contact #1 _____
Name Relationship Phone
Emergency Contact #2 _____
Name Relationship Phone
Emergency Contact #3 _____
Name Relationship Phone
Physician for Allergy Treatment _____
Name Phone
Other Physician _____
Name Phone

ALLERGY TO: _____

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

Asthmatic: Yes * No * High Risk for severe reaction

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 the throat, hoarseness, and hacking 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!