

Galena Park ISD  
Section 504/ADA

Place  
Child's  
Picture  
Here

Allergy Emergency Health Care Plan

Allergy to: \_\_\_\_\_  
Student Name \_\_\_\_\_ DOB \_\_\_\_\_  
Teachers: \_\_\_\_\_ Rm.# \_\_\_\_\_  
Asthmatic: YES\*  NO  \* High risk for severe reaction

**SIGNS OF ALLERGIC REACTION**

Systems:                      Symptoms:

- MOUTH                      Itching and 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 of the above symptoms can potentially progress to a life threatening situation.**

**ACTION FOR MINOR REACTION:**

If only symptoms are: \_\_\_\_\_, give \_\_\_\_\_  
Medication/dose/route

Then call:

1. Mother: \_\_\_\_\_, Father \_\_\_\_\_ or emergency contacts.
2. Dr. \_\_\_\_\_ at \_\_\_\_\_.

**If condition does not improve within 10 minutes, follow steps 1-3 below.**

**ACTION FOR MAJOR REACTION**

If ingestion is suspected and/or symptoms are \_\_\_\_\_  
give \_\_\_\_\_ IMMEDIATELY.  
Medication/dose/route

Then call:

1. Rescue squad (ask for advanced life support)
2. Mother \_\_\_\_\_ Father \_\_\_\_\_, or emergency contacts.
3. Dr. \_\_\_\_\_ at \_\_\_\_\_ of \_\_\_\_\_.

**DO NOT HESITATE TO CALL RESCUE SQUAD**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date