

Oyster River Cooperative School District

EMERGENCY HEALTH CARE PLAN

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Teacher/Homeroom/Grade \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_ School: \_\_\_\_\_

SIGNS OF AN ALLERGIC REACTION INCLUDE:

Table with 2 columns: Systems, Symptoms. Rows include Mouth, THROAT, SKIN, GUT, LUNG, HEART with corresponding symptoms like itching, swelling, hives, etc.

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 \_\_\_\_\_
And \_\_\_\_\_ immediately!
2. CALL 911: (request epinephrine) \_\_\_\_\_
3. CALL: Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ or other emergency contacts \_\_\_\_\_
4. CALL: Dr.: \_\_\_\_\_ at \_\_\_\_\_

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL 911 EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED!

Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_ Doctor Signature \_\_\_\_\_ Date \_\_\_\_\_ M.D. \_\_\_\_\_

EMERGENCY CONTACTS:

TRAINED STAFF MEMBERS:

- 1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
3. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

FAX #: ORHS=603-868-1355, ORMS=603-868-3469, MW=603-659-8612, MOH=603-742-7569