

NEW SHOREHAM SCHOOL DEPARTMENT
BLOCK ISLAND SCHOOL
EMERGENCY HEALTH CARE PLAN

STUDENT'S NAME:	ALLERGY TO:
DOB:	TEACHER:
ASTHMATIC? 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 the throat, hoarseness, & 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!**

ACTION:

1. If ingestion is suspected, give (medication/dose/route) _____
and _____ immediately.
2. CALL RESCUE SQUAD
3. CALL: Mother _____ Father _____
or emergency contacts (see below).
4. CALL: Dr. _____ at _____

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

Parent's Signature	Date	Doctor's Signature	Date
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EMERGENCY CONTACTS		TRAINED STAFF MEMBERS	
1.	1.	1.	1.
<i>Name/Relation</i>	<i>Phone</i>	<i>Name</i>	<i>Room</i>
2.	2.	2.	2.
<i>Name/Relation</i>	<i>Phone</i>	<i>Name</i>	<i>Room</i>
3.	3.	3.	3.
<i>Name/Relation</i>	<i>Phone</i>	<i>Name</i>	<i>Room</i>

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