
EMERGENCY HEALTH CARE PLANS

(to be filled in by Physician)

Student: _____ Date: _____

FOR MANAGEMENT OF SEVERE ALLERGIC REACTIONS

Severe Allergy to: _____

Stage I:

With early signs including skin, GI, respiratory, or cardiac symptoms, including "thready" pulse,
or loss of consciousness.

IF REACTION IS SUSPECTED, GIVE _____ by mouth immediately.

Call parents, guardian, or emergency contacts immediately.

Stage II:

If symptoms develop in 2 or more systems or if throat, lung, or heart symptoms develop:

Give EPINEPHRIN INJECTION immediately!

Call RESCUE SQUAD immediately.

Call PARENTS/GUARDIAN immediately.

STUDENT ASTHMA PLAN

Identify likely causes of asthma onset: _____

Peak Flow Monitoring: _____ Personal Best Flow: _____

Daily Medication Plan: _____

STUDENT DIABETES PLAN

Insulin/Glucagon/Other Rx: _____

Signature of Physician: _____

Phone Number: _____

[affix stamp here]