

Trinity-Pawling School
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Pawling, New York 12564

Health Center
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**Emergency Care Plan – Allergy
School Year 2011-2012**

Student Name _____ Birthdate _____ Grade _____

Identified Allergen(s) (drug/food/environmental) _____

History of Asthma yes (w/ asthma, student has higher risk of severe reaction) no

Contact Info:

Mother's name _____ Phone (h) _____ (w/c) _____

Father's name _____ Phone (h) _____ (w/c) _____

Emergency contact _____ Phone (h) _____ (w/c) _____

Parent signature _____ Date _____

TREATMENT -

To be completed by a healthcare professional

If the student is experiencing the following symptoms, administer the indicated medication:

Symptoms

Give Checked Medication

- General: Dizziness, loss of consciousness, feeling of panic or doom, chills() Epinephrine () Benadryl
- Mouth: Itching, tingling, swelling of lips, tongue, and/or mouth() Epinephrine () Benadryl
- Breathing: Shortness of breath, wheezing, congestion, coughing, tightness in throat() Epinephrine () Benadryl
- Stomach: Nausea, vomiting, abdominal cramps, diarrhea.....() Epinephrine () Benadryl
- Skin: Hives, swelling on face or extremities, rash.....() Epinephrine () Benadryl

Treatment should be initiated IMMEDIATELY following exposure without waiting for symptoms to appear.

Treatment should be initiated only if symptoms (indicated above) appear.

Dosage

Epinephrine: Inject intramuscularly - Epipen, 0.3 mg

Benadryl: Give _____ (dosage/route)

Other: Give _____ (medication/dosage/route)

Please check one of the following:

- Student is capable of self-administration the following medication(s)() Epinephrine () Benadryl
- Student is NOT capable of self-administration the following medication(s)() Epinephrine () Benadryl
- Student carries the following with him at all times.....() Epinephrine () Benadryl

Physician's signature _____ Date _____

Physician's name (print) _____ Phone number _____

If Epi-pen is administered, call 911 immediately!