



Cadott Community Schools

Nursing Services

Allergy Emergency Plan

Student's Name: _____ Date of Birth: _____ Grade: _____

Allergy to: _____

The severity of symptoms can quickly change. All symptoms can progress to a life-threatening situation.

Signs of an Allergic Reaction:

- **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, itching rash and/or swelling about the face or extremities
- **Stomach:** nausea, abdominal cramps, vomiting, and/or diarrhea
- **Lung*:** shortness of breath, repetitive coughing, and/or wheezing
- **Heart*:** weak pulse, fainting, "passing out"
- **Other:** _____
 - *High risk for severe reactions

Plan for Allergic Reaction

Symptoms or Condition of Concern	Action to Take (Emergency Plan)

Call 911 and Stay with the child until parent or emergency response team arrives!

Child's Address: _____

Mother's Name: _____ Phone Number: _____

Cell Number: _____ Work Number: _____

Father's Name: _____ Phone Number: _____

Cell Number: _____ Work Number: _____

Health Care Provider: _____ Phone Number: _____ Hospital: _____

Parent Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

(The information provided about my child's health condition will be available to school/transportation staff in an effort to provide emergency care.)