

ECC Emergency Care Plan for Child with Severe Allergies (page 1 of 3)

Child's Name _____ Birthdate _____

Allergies _____

Specific Triggers (ex: eating, touching, breathing (inhalation), bug bite or other) _____

SIGNS OF AN ALLERGIC REACTION INCLUDE:

Systems:

Mouth

Throat*

Skin

Gut

Lung*

Heart

Symptoms:

Itching & swelling of the lips, tongue, or mouth

Itching and/or a sense of tightness in the throat, hoarseness & hacking cough

Hives, itchy rash, and/or swelling about the face or extremities

Nausea, abdominal cramps, vomiting and/or diarrhea

Shortness of breath, repetitive coughing and/or wheezing

"Weak" pulse, loss of consciousness

The severity of symptoms can quickly change.

***All above symptoms can potentially progress to a life threatening situation!**

Place
Child's
Photo
Here

TO BE COMPLETED BY HEALTHCARE PROVIDER

If reaction is suspected, give **IMMEDIATELY**:

Treatment prescription: _____ Dosage: _____

For the described symptoms: _____

Treatment prescription: _____ Dosage: _____

Precautions and/or possible adverse reactions: _____

Contact emergency medical services *whenever epinephrine is used*. A single dose of epinephrine wears off in 15-20 minutes. Please note: In the case of a severe allergy to bee stings, the provider will attempt to quickly remove the stinger by scraping with a fingernail or other object.

Physician's Signature: _____ Date: _____



ECC Emergency Care Plan for Child with Severe Allergies (page 2 of 3)

EMERGENCY PHONE NUMBERS:

Parent/Guardian #1 _____

Cell # _____ Work # _____ Other _____

Parent/Guardian #2 _____

Cell # _____ Work # _____ Other _____

Primary Health Provider's Name _____

Health Provider's Emergency Phone # _____

TO BE COMPLETED BY CHILD CARE PROVIDER

What techniques will be used to avoid the exposure? _____

Where in the program will the child receive care when a reaction occurs? _____

Who will take charge of the situation? _____

What will the staff do if the child is in the classroom? _____

...on the playground? _____

...on a field trip? _____

Where will the medications for a reaction be kept? _____

...while on a field trip? _____

Who will call 911? _____

Who will call the parents/guardian? _____

Who will go with the child to the hospital and stay until the parents can assume responsibility? _____

Who will care for the other children if the caregiver must take the allergic child away from the group? _____

Is the allergy with the child's picture prominently posted in the kitchen and the eating area? Yes No

I give permission for the ECC to follow this plan of care prescribed by the physician. I also give my permission to call the health care provider listed for any additional medical information about my child. I understand that a photo of my child, including my child's name, specific allergies and treatment will be posted at the ECC.

Parent/Guardian Signature: _____ Date: _____



ECC Emergency Care Plan for Child with Severe Allergies (page 3 of 3)

TRAINED CHILD CARE PROVIDERS:

1. _____	Room: _____
2. _____	Room: _____
3. _____	Room: _____
4. _____	Room: _____
5. _____	Room: _____
6. _____	Room: _____

Plan of care reviewed by:

Director: _____ Date: _____

Teacher: _____ Date: _____

Child Care Health Consultant: _____ Date: _____

Projected date of plan of re-evaluation (every six months or sooner if needed): _____

