

**Tri-County Community Council, Inc.
Head Start**

ALLERGY/ANAPHYLAXIS EMERGENCY PLAN

Date Sent: _____

Center: _____

Diagnosis: _____

Child's Name: _____

Date: _____

Allergies: _____

Birth Date: _____

Parent/Guardian: _____

Date: _____

Emergency Contact: _____

Phone: _____

Health Care Provider: _____

Medications: _____

CLASSROOM
Location of Medication:

CHILD – SPECIFIC EMERGENCIES: ALLERGY/ANAPHYLAXIS

<i>If you see a child EXHIBITING</i>	DO THIS
<p>Anaphylaxis=a life threatening allergic reaction ▽REACTIONS INCLUDE▽</p> <ul style="list-style-type: none"> ➤ Generalized tingling and itching ➤ Raised rash/flushing ➤ Swelling of tongue, throat, lips, face, eyes (difficulty swallowing) and feet ➤ Wheezing/shortness of breath ➤ Coughing/hoarseness ➤ Panicked behavior ➤ Nausea, vomiting, abdominal cramping ➤ Loss of consciousness 	<ul style="list-style-type: none"> ➤ Give Epinephrine as per attached procedure ➤ Begin CPR for absence of breathing and/or pulse ➤ Scrape off stinger if insect sting (DO NOT pinch or squeeze a sting out) ➤ Apply cold pack to area if stung ➤ Continue to monitor child until arrival of EMS <p align="center">➤ > CALL 9-1-1 < <</p> <p align="center">(9-9-1-1 OR 9-9-9-1-1)</p> <ul style="list-style-type: none"> ➤ Notify Parent/Guardian

IF AN EMERGENCY OCCURS:

1. If the emergency is life threatening, immediately call 911.
2. Stay with the child or designate another adult to do so.
3. Call, or designate someone to call, the Parent/Emergency Contact.

Comments:

Health Services Coordinator Signature: _____ **Date:** _____

Parent/Guardian: Do you give permission to post this emergency plan in the classroom? Yes No

Parent/Guardian's Signature: _____ **Date:** _____