

PLAYLAND DAYCARE CENTER

CHILD CARE EMERGENCY PLAN FOR ALLERGIC REACTIONS

Name of child: _____ Date of birth: _____

ALLERGY: _____

Asthma: Yes ___ No ___

Signs of allergic reaction:

Mouth- Itching, swelling of the lips, tongue or mouth

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

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

Gut- Nausea, abdominal cramps, vomiting, and/or diarrhea

Lung- Shortness of breath, repetitive coughing, and/or wheezing

Heart- "Thready" pulse, passing out

The severity of symptoms can quickly change. All the above symptoms can potentially progress to a life threatening situation.

Action to take for MINOR reaction:

If symptoms are: _____

1. Administer (medication and dosage): _____

2. Then call parent/guardian PH: _____ Cell: _____ Work: _____

3. If condition does not improve within 10 minutes, see steps for Severe reaction, below.

Action to take for SEVERE reaction:

If symptoms are: _____

1. Administer (medication and dosage): _____

2. Call 911, describe reaction, stay on line for directions.

3. Call parent/guardian PH: _____ Cell: _____ Work: _____

Parent/guardian name: _____ Phone: _____

Parent/guardian signature _____ Date: _____

Caregiver name: _____ Phone: _____

Caregiver signature: _____ Date: _____

