

Cincinnati Christian Schools
Emergency Health Care Plan for Allergies

Elementary Campus – 7350 Dixie Highway, Fairfield, OH 45014
Phone (513) 874-8500—Fax: (513) 874-9718
High School Campus - 7474 Morris Road, Fairfield, OH 45011
Phone (513) 892-8500—Fax: (513) 892-0516

Name of Student: _____ D.O.B. _____ Date _____

Grade: _____ Teacher: _____

Diagnosis: _____

Emergency Information

Names of parent or guardian: _____

Mother: Telephone (H): _____ Father: Telephone (H): _____

Mother: Telephone (W): _____ Father: Telephone (W): _____

Physician's name: _____ Telephone (W): _____

In an emergency and the parents cannot be reached contact:

1. _____ Phone _____ Relationship _____

2. _____ Phone _____ Relationship _____

ALLERGY TO: _____

Asthmatic: Yes or No

High risk for severe reaction: Yes or No

Signs of an allergic include:

Systems:

Mouth

Throat*

Skin

Stomach

Lung*

Heart*

Symptoms:

itching & swelling of the lips, tongue, or mouth

itching and/or a sense of tightness in the throat, hoarseness, & hacking cough, or trouble swallowing

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

“thready,” faint pulse, “passing-out,” cold, clammy, sweaty skin

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

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If You See This	Do This
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

If an emergency occurs:

1. Stay with the student.
2. Call or designate someone to call the nurse.
State who you are.
State where you are.
State problem.
3. The school nurse/designee will assess the student and decide whether the emergency plan should be implemented.

Parent's/guardian's signature _____

Nurse's signature _____

Physician's signature required if medication is to be given

Physician's signature _____