

# GLENDALE SCHOOL DISTRICT

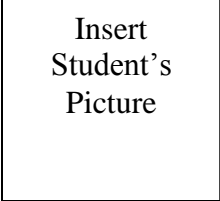
ADMINISTRATIVE REGULATION

APPROVED: June 25, 2013

REVISED:

## 209.2-AR-1. EMERGENCY CARE PLAN (ECP)

### Emergency Care Plan



Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

#### COMMON SIGNS OF AN ALLERGIC REACTION (This is not an exclusive list of symptoms)

- MOUTH Itching, tingling, swelling of the lips, tongue, or mouth
- THROAT Itching and/or a sense of tightness in the throat, hoarseness, hacking cough
- SKIN Hives, itchy rash, swelling about the face or extremities
- GI Nausea, vomiting, abdominal cramps, diarrhea
- LUNGS Shortness of breath, repetitive coughing, wheezing
- HEART "Thready" pulse, dizziness or fainting

DURING AN ALLERGIC REACTION, HIS/HER TYPICAL SYMPTOMS ARE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: Different symptoms may occur with any reaction and severity of symptoms can change rapidly. A high level of suspicion needs to be maintained for any symptoms exhibited by a student with food allergies. **ACT QUICKLY!!**

IF INGESTION IS SUSPECTED AND/OR SYMPTOMS ARE PRESENT, **IMMEDIATELY** DO THE FOLLOWING:

1. TREATMENT

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2. CALL 911 & CERTIFIED SCHOOL NURSE

3. CONTACT PARENT/GUARDIAN/DESIGNEE

Parent/Guardian Emergency Contact: \_\_\_\_\_

Telephone (h) : \_\_\_\_\_ (w): \_\_\_\_\_ (cell): \_\_\_\_\_

Parent/Guardian Emergency Contact: \_\_\_\_\_

Telephone (h) : \_\_\_\_\_ (w): \_\_\_\_\_ (cell): \_\_\_\_\_

Emergency Contact (if Parent/Guardian not available)/Relationship/Telephone Number:

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Healthcare Provider/Telephone: \_\_\_\_\_

Certified School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_