FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

# Emergency Health Care Plan

Allergy To: _____

Child's Name: _____ DOB: _____ Child Care Provider: _____

History of Asthma

- Yes ( high risk for severe reaction)
- No

Signs of an allergic reaction include:

Systems Symptoms

| | |
|---|---|
| MOUTH | Itching & swelling of 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 above symptoms can potentially progress to a life-threatening situation!**

**ACTION:** If ingestion or insect sting is seen or suspected: (prescriber should number in order all appropriate actions)

_____Observe a child for severe symptoms
_____Administer EpiPen/Epinephrine before symptoms occur
_____Administer EpiPen/Epinephrine if symptoms occur
_____Administer Benadryl/Diphenhydramine (dose) _____ or Atarax (dose)_____
_____Call 911 (and request a paramedic) and transport to ER if symptoms occur
_____Call 911 ( and request a paramedic) and transport to ER if EpiPen given

Preferred hospital: _____

**DO NOT HESITATE TO ADMINSTER MEDICATION OR CALL 911 EVEN IF PARENTS OR PRESCRIBER CANNOT BE REACHED!**

_____ _____ _____ _____
Parent/ Legal Guardian Signature Date Prescriber Signature MD/APRN/PA Date

_____
Address and Phone number

| EMERGENCY CONTACTS | TRAINED STAFF MEMBERS |
|---|---|
| 1._____<br>Relation: _____ Phone: _____<br>2._____<br>Relation: _____ Phone: _____<br>3. _____<br>Relation: _____Phone: _____ | 1. _____ Room/Site_____<br>2. _____ Room/Site_____<br>3. _____ Room/Site_____ |

**For children with multiple allergies, use one form for each allergen.**

**SOUTHINGTON-CHESHIRE COMMUNITY YMCAs**
29 High Street, Southington, CT 06489
P 860-628-5597 F 860-628-6499 www.sccymca.org