

**Norwalk Public Schools
Emergency Health Care Plan**

Students' Name _____ DOB _____
Address _____ Phone _____
Mother's Name _____ Phone _____
Father's Name _____ Phone _____
Physician's Name _____ Phone _____
1. Emergency Contact _____
Relationship _____ Phone _____
2. Emergency Contact _____
Relationship _____ Phone _____
3. Emergency Contact _____
Relationship _____ Phone _____

Place Child's
Photo Here

ALLERGY TO: _____
Asthmatic: Yes* NO *High risk for severe reaction
(circle one)

SIGNS OF ALLERGIC REACTION INCLUDE
(Circle those symptoms that may apply to the child)

<u>SYSTEMS</u>	<u>SYMPTOMS</u>
Mouth	itching & swelling of lips, tongue or mouth
Throat*	itching &/or sense of tightness in the throat, hoarseness & hacking cough
Skin	hives, itchy rash &/or swelling about the face or extremities.
GI	nausea, abdominal cramps, vomiting &/or wheezing
Lungs*	shortness of breath, repetitive coughing &/or wheezing
Heart*	"thready" pulse, "passing out"

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

ACTION:
If contact with _____ is suspected
(Allergen)

1. Give _____
2. Give _____
3. Give _____
4. Call EMS _____
5. Call _____
6. Call _____

Permission to share information with school personnel (check where applicable):

Principal _____ Guidance Dept. _____ Teachers _____ Support Staff _____ Student _____
School Nurse _____ Lunch/Recess Paras _____ Cafeteria Staff _____ Bus Company _____

Do not hesitate to administer medication or call EMS even if parents or MD cannot be reached

Parent Signature Date School Nurse Signature Date