

Galena Park ISD  
Section 504/ADA

Place  
Child's  
Picture  
Here

Allergy Emergency Health Care Plan

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Teachers: \_\_\_\_\_ Rm.# \_\_\_\_\_

Asthmatic: YES\*  NO  \* High risk for severe reaction

**SIGNS OF ALLERGIC REACTION**

**Systems:**

**Symptoms:**

- MOUTH Itching and 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 \_\_\_\_\_