

ALLEDOVE				HEALTH CARE P		Place Child's	
ALLERGI	I U:					Picture	
Student's Name:			_D.O.B:	Teacher:		Here	
Asthmatic	Yes □*	N₀ ⊃	*Hig	n risk for severe rea	action		
SIGNS OF AN ALLERGIC REACTION INCLUDE:							
Systems: Symptoms:							
•MOUTH itching & swelling of the lips, tong				ue, or mouth			
•THROAT*	itching and	or a sense of	ftightness	in the throat, hoars	seness, and hacki	ing cough	
•SKIN hives, itchy rash, and/or swelling about the face or extremities							
•GUT							
•LUNG*	shortness of	f breath, repe	etitive cou	thing, and/or wheez	zing		
•HEART*	"thready" pu	ulse, "passin	g-out"				
The severity progress to	of sympton a life-threat	ns can quic ening situa	kly chang tion!	e. *All above syn	nptoms can pot	entially	
ACTION:						21	
4 701	tion is success				: 5		
1. If inges	suon is suspe	ctea, give					
1. If inges	suon is suspe	ctea, give		medication/dose/i	route		
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2. CALL I	RESCUE SQ	UAD:			l		
2. CALL I	RESCUE SQI	UAD:	Fati	ner	or emerg	ency contacts	
2. CALL I 3. CALL: 4. CALL:	RESCUE SQI Mother Dr OT HESITA	UAD:	Fati	ner at R MEDICATION (or emerge	ency contacts	
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