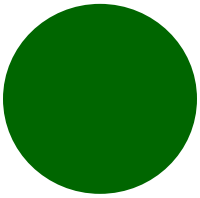
Emergency Health Care Plan

Allergy to: _____ (For children with multiple food allergies, use one form for each food.)

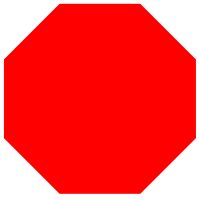
Child's Name: _____ D.O.B. ___/____/_____Classroom: _____

Asthmatic: ☐ Yes (High Risk for severe reaction) ☐ No



No Risk

Medium Risk



High Risk

Body Part Mouth, Throat, Skin, Gut, Lung, Heart	**Symptom** Itching, sneezing, swelling, etc.	**Action** Medication/Dose/Route

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL RESCUE SQUAD EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED!

_____ _____ _____ _____

Parent Signature **Date** **Doctor's Signature** **Date**

_____ _____ _____ _____

Teacher Signature **Date** **Assistant Teacher Signature** **Date**

_____ _____

Director Signature **Date**

Emergency Contact	Relation	Phone HOME	Phone CELL OR WORK
		( ) -	( ) -
		( ) -	( ) -

Glendale Heights Child Care - 2315 Goodhope Road – Glendale, WI 53209 - (414) 352-2551
Fax (414) 247-1741