

# Latex Allergy Emergency Care Plan

Student Name:	DOB:
	Grade/School
Parent/Guardian Name:	Phone #:
Parent/Guardian Name:	Phone #:
Other Emergency Contact aware of child's condition:	Phone #:
Physician Name:	Phone #:

<p><b>Signs/Symptoms to watch for:</b>                  Difficulty breathing ____                  Swollen lips ____                  Hives/rash/itching ____                  Anaphylaxis ____                  Nausea/vomiting/diarrhea ____</p>	<p><b>Intervention:</b>                  Give: injectable medication (per medication form)                  Give: oral medication (per medication form)                  Name of med:                  Dose of med:                  Side effects of med that you expect:</p>
<p>***Call 911, then parents if breathing difficulty, hives, or injectable medication is given to child.***</p>	

**Known triggers:** Exposure to latex products such as balloons / gloves / art supplies /science supplies / gym equipment / foods (circle all that apply), other:

**Location of medication while at school:** Office / student's back pack / student carries on person / student's locker / other:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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