

Emergency Care Plan

Child's Name: _____ DOB: _____
Parent/Guardian: _____ Phone#: _____
Teacher: _____ Date: _____

Fill out a separate emergency care plan for **each** diagnosed/un-diagnosed chronic medical condition, allergy, sensitivity, special need and/or any health concern.

- ☐ Asthma
- ☐ Allergy: _____
- ☐ Lactose Intolerance
- ☐ Insect sting allergy
- ☐ Latex allergy
- ☐ Seizures
- ☐ Other (diagnosed or non-diagnosed): _____

Describe the child's health concern or special need:

Is this a LIFE THREATENING condition? **YES** or **NO**

Diagnosed by: **Parent** **Health Care Provider** **Non-Diagnosed**

Severity of allergy? **Intolerance Only** **Mild** **Moderate** **Severe** Other: _____

What can trigger a reaction? **Eating It** **Touching It** **Smelling It** **All** Other: _____

Describe the signs and symptoms that would indicate the need to implement the emergency plan (examples listed on back of form:

Prevention plan to avoid allergens at the center: _____

Serious Accident/Injury Plan

If the child develops the symptoms listed, the team will take the following actions: Ensure substitutes are trained and ready to take the place of staff member they are filling in for.

- Staff responsible: _____ **Call 911**
- Staff responsible: _____ **Administer prescribed epinephrine injector/ Epi-Pen**
- Staff responsible: _____ **Administer prescribed medication**
- Staff responsible: _____ **Call parent**
- Staff responsible: _____ **Remove children from view when administering emergency medication**

Additional action notes if needed:

Fire, Tornado, Natural or Human-Caused Event, and Crisis Management Emergency Plans

During a fire, tornado, natural or human-caused event, and crisis management emergency, staff will follow individual emergency plans such as Individualized Education Program (IEP's), Emergency Care Plans, and Action Plans. Staff will accommodate for the child with a chronic medical condition, a special need and/or any health concern requiring an Emergency Care Plan.

Staff responsible for assisting child: _____

Staff responsible for transporting medication: _____

Describe other emergency plan accommodations:

Medication

Parents/guardians must provide the child's prescription information and sign the **Medication Authorization Form**. Staff will complete the Medication Authorization Form for any medication administered.

Medication: _____ Dosage: _____ Expiration Date: _____

Date of training: _____ Training conducted by: _____

I _____ (Parent/Guardian Name) have helped develop this Emergency Care Plan on _____ (date). I will communicate with my child's teacher regarding any changes in treatment or diagnosis. I understand if my child's medication expires, s/he may be unable to attend school until we have a current prescription.

Parent/Guardian Signature: _____

Policy: The Emergency Care Plan to document diagnosed/un-diagnosed chronic medical conditions, allergy, sensitivity, special need and/or any health concern. This is a plan of action for child emergencies requiring rapid response. Safety training for prevention and response to emergencies will be provided as needed.

Procedure: This form must be completed at orientation with parent/guardian. All staff must review and initial at least twice a year. Attach the Emergency Care Plan to the Child Information Record in the Grab and Go Binder and on the bus. Transfer information onto the Allergy and Health Monitoring Form. Ensure conditions on the Child Information Record match those on the Emergency Care Plan.

A few reminders: Fill out an Illness/Incident Report when non-emergency changes are observed in a child. Use an Incident Report-State of Michigan (BCAL - 4605) for emergency situations. These forms must be completed and sent home on the date of the incident/emergency.

All symptoms can potentially progress to a LIFE-THREATENING situation.

Symptoms of an Allergic Reaction

General: Dizziness, loss of conscience, feeling of panic or doom

Mouth: Swelling of lips, tongue, face, throat, mouth may "feel hot"

Breathing: Wheezing, breathing difficulty, congestion, cough, throat tightness

Stomach: Discomfort, nausea, vomiting, abdominal cramps, diarrhea

Skin: Hives, rash, swelling

Symptoms of an Asthma Episode:

Changes in Breathing: Coughing, wheezing, mouth breathing, shortness of breath

Verbal Reports of: Chest tightness, chest pain, can't breathe, neck feels funny, difficulty speaking

Appears: Anxious, sweating, nauseous, fatigued, stands/sits hunched over, cannot speak, flushed cheeks.

Symptoms of a Seizure Episode: (may include any/all of these)

Tonic-Clonic (Grand mal) Seizure: Entire body stiffens, jerking movements, may cry out, turn bluish, be tired afterwards

Absence (Petite mal) Seizure: Staring spell, may blink eyes, loss of eye contact, twitching of arms or leg muscles

Myoclonic Seizure: Brief, jerking spasms of a muscle; twitching of arms or legs.

All staff, including subs, will review this document at orientation and again within four months if not sooner:

Date Reviewed: _____ (Orientation) All Staff Initials: _____

Date Reviewed: _____ All Staff Initials: _____

Original: Place behind the Child Information Record in child file and Green Grab and Go Binder. If child has a medication, keep a copy with the medication. Keep in child's file at the end of the year. **Copy:** Parent, Site Supervisor, CCSC, and Bus Driver