

ORIGINAL — Medical File	Date
cc: Med. Box	
cc: Primary Health Care Provider	
cc: Parent	
cc:	
cc:	

Program Name Here
INDIVIDUAL HEALTH AND EMERGENCY MANAGEMENT PLANS: Latex Allergy

NAME: _____ **DATE PLAN WRITTEN:** Date updated: 2/27/03

DOB: _____ **REVISION DATES:** _____

PARENT(S) NAMES: _____ **HOME PHONE:** _____

MOTHER Work #: _____ **FATHER Work #:** _____

PRIMARY CARE DOCTOR: _____ **PHONE #:** _____

SPECIALISTS: _____ **PHONE #** _____

Medical Diagnosis: _____

Health History (past and present): _____

Allergies: Latex Allergy

Medications: _____

TX/PREVENTATIVE STEPS	Symptoms of Emergency	EMERGENCY MEASURES
1) Classroom Area <ul style="list-style-type: none"> While in attendance, remove articles containing latex. <ul style="list-style-type: none"> No koosh balls No rubber balls/bands No sponges Use only Ziploc brand bags for child's belongings 2) Bathroom Area <ul style="list-style-type: none"> Use only powder free gloves in bathroom; signage on door Keep door to bathroom closed at all times	Symptoms of emergency: <ul style="list-style-type: none"> Itching Hives Respiratory distress Wheezing Cough Tightness in throat Asthma attack 	If child comes into contact with <u>any</u> latex or develops allergic reaction symptoms upon ingestion of food, observe for signs of allergic reaction: <ul style="list-style-type: none"> for hives or urticaria (itching): <ul style="list-style-type: none"> administer Benadryl per orders call Mom – 612-123-4567 Monitor respiratory status FOR ANY RESPIRATORY DISTRESS (wheezing, cough, tightness in throat) If child has an episode of asthma, call MOM 612-123-4567 to differentiate between asthma and anaphylactic reaction

PERSONS RESPONSIBLE FOR PROCEDURE/MEDICATION:

Director _____ Assistant Teacher _____
 Assistant Director _____
 Teacher _____

Parent's Signature: _____ **Date:** _____

Physician's Signature: _____ **Date:** _____