

过敏症状的紧急治疗方案

Emergency Care Plan for Allergies

如果您的孩子有过敏症状, 请务必填写下表:

Complete this form for any allergies indicated on the Student Medical Record

学生姓名 Student Name		
年级 / 班级 Grade / Class	性别 Sex	
出生日期 (日/月/年) Birth Date (DD/MM/YYYY)		
过敏症状 — 过敏症状是否危及生命? Allergies - is the allergy life-threatening?	是 Yes	否 No

过敏症状包括下列任何一项/所有项 (请具体标注您的孩子有哪种或哪些过敏症状)
Symptoms of an allergic reaction may include any/all of these (please check the boxes to indicate typical reaction(s)):

<input type="checkbox"/>	口腔: 嘴唇、舌头或口腔发痒、肿胀, 感觉口腔“发烫” Mouth: Itching and Swelling of Lips, Tongue or Mouth, Mouth “Feels Hot”
<input type="checkbox"/>	喉咙: 发痒、发干、嘶哑、咳嗽 Throat: Itching, Tightness in Throat, Hoarseness, Cough
<input type="checkbox"/>	皮肤: 荨麻疹、发痒、脸和四肢肿胀 Skin: Hives, Itchy Rash, Swelling of Face and Extremities
<input type="checkbox"/>	胃: 恶心、腹部绞痛、呕吐、腹泻 Stomach: Nausea, Abdominal Cramps, Vomiting, Diarrhea
<input type="checkbox"/>	肺部/心脏: 呼吸短促、咳嗽不断、哮喘、脉细、失去知觉 Lung/Heart: Shortness of Breath, Repetitive Cough, Wheezing; Thready Pulse, Passes Out
<input type="checkbox"/>	其他症状: Other:

治疗方案 (过敏症状变化迅速, 因此及时救助对于孩子的健康至关重要。如果您的孩子有任何过敏症状, 请填写详情及相应的应急方案):
Treatment (The severity of symptoms can change quickly. It is important that treatment is given immediately):

父母签名
Parent signature

日期
Date