

STUDENT

First: _____
Last: _____
DOB: _____ **Grade:** _____

PARENT

Parent's Names: _____
Father Cell: _____
Mother Cell: _____

 **PARENT SIGNATURE:** _____ **DATE:** _____

Emergency Contact Name: _____ **Emergency Contact Number:** _____
(other than parent)

TO BE COMPLETED BY PHYSICIAN

ALLERGIC TO: _____

ASTHMA: ___ YES (higher risk for a severe reaction) ___ NO

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE: ___ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

 ___ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if **no symptoms are apparent**.

FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION

of symptoms from different body areas

1. INJECT EPINEPHRINE IMMEDIATELY.
2. CALL 911. Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - Antihistamine OR Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about five minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least four hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

For **MILD SYMPTOMS** from **MORE THAN ONE** system area, give epinephrine.

For **MILD SYMPTOMS** from **A SINGLE SYSTEM** area, follow the directions below.

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS

DOES THIS STUDENT HAVE AN EPIPEN

Epinephrine Brand or Generic: _____

Epinephrine Dose: ___ 0.15 mg IM ___ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

___ IF CHECKED STUDENT WILL SELF-CARRY EPI PEN.

This student is capable and has been instructed in the proper method of self-administering medications named above. All students are encouraged to provide an additional EpiPen to the health room. Middle and upper school students are encouraged to self-carry their emergency medication.

 **PHYSICIAN SIGNATURE:** _____ **DATE:** _____

PHYSICIAN NAME PRINTED: _____ **PHONE:** _____