

Student's Name: _____ DOB: _____

Allergen/s: _____

Asthma: Yes (High risk for severe reaction.) No

Additional health problems besides anaphylaxis: _____

Concurrent medications: _____

Symptoms of Anaphylaxis

MOUTH THROAT* SKIN GUT LUNG* HEART*	Itching, Swelling of Lips and/or Tongue Itching, Tightness/Closure, Hoarseness Itching, Hives, Redness, Swelling Vomiting, Diarrhea, Cramps Shortness of Breath, Cough, Wheeze Weak Pulse, Dizziness, Passing Out	
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Only a few symptoms may be present. Severity of symptoms can change quickly.
 *Some symptoms can be life-threatening. **ACT FAST.**

Emergency Action Steps - DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine in thigh using (check one):

- Adrenaclick (0.15 mg) Adrenaclick (0.3 mg)
- Auvi-Q (0.15 mg) Auvi-Q (0.3 mg)
- EpiPen Jr (0.15 mg) EpiPen (0.3 mg)
- Epinephrine Injection, USP Auto-injector- authorized generic (0.15 mg) (0.3 mg)
- Specify other: _____

IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CANNOT BE DEPENDEN ON IN ANAPHYLAXIS.

- 2. Call 911. Request for ambulance with epinephrine. If epinephrine is administered, student should be transported by ambulance to hospital.**
- 3. Notify student's emergency contacts.**

Emergency contact #1: Name _____ Phone #'s _____
 Emergency contact #2: Name _____ Phone #'s _____
 Emergency contact #3: Name _____ Phone #'s _____

Comments: _____

Doctor's SignatureDatePhone Number

Parent/Guardian SignatureStudent Signature (If 18 yrs old or older)Date

SELF-ADMINISTERED EMERGENCY MEDICATION
 (To Be Completed by Student's Physician)

I have instructed student, _____, in the proper way to use his/her emergency medication. It is my professional opinion that this student **SHOULD** be allowed to carry and self-administer his/her emergency medication. Physician's Initial: _____

It is my professional opinion that this student **SHOULD NOT** carry or self-administer his/her emergency medication. Physician's Initials: _____