

STUDENT

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

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

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

PARENT

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

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.

MEDICATIONS

DOES THIS STUDENT HAVE AN EPIPEN





Epinephrine Dose: ___ 0.15 mg IM ___ 0.3 mg IM
 Antihistamine: ___ Yes ___ No
 Diphenhydramine Dose: ___ 12.5 mg ___ 25 mg
 ___ 50 mg P.O. every ___ hrs.
 Other Medication (e.g., inhaler-bronchodilator if wheezing):

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.
 - Give additional medications following epinephrine as ordered by physician: (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.

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
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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.

→ **___ 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. Middle and upper school students should self-carry their emergency medication during the school day, field trips, sports activities, Winterim and Senior Trip.

→ **PHYSICIAN SIGNATURE:** _____ **DATE:** _____
PHYSICIAN NAME PRINTED: _____ **PHONE:** _____