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PROTOCOL FOR STUDENTS WITH LIFE-THREATENING ALLERGIES

Student's name _____ Grade _____

ALLERGIC TO _____

Asthmatic * Yes _____ No _____ * = High risk for severe reaction

Signs of an allergic reaction include:

Mouth..... Itching, tingling, or swelling of lips, tongue, mouth
Skin..... Hives, swelling on face or extremities, itchy rash
Gut..... Nausea, abdominal cramps, vomiting, diarrhea
Throat..... Tightening of throat, hoarseness, hacking cough
Lung..... Shortness of breath, repetitive coughing, wheezing
Heart..... Thready pulse, passing out, fainting, pale, blueness
General..... Panic, sudden fatigue, chills, fear of impending doom

GIVE MEDICATION CHECKED X

☐ Benadryl	☐ Zyrtec	☐ Epipen
☐ Benadryl	☐ Zyrtec	☐ Epipen
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If a food allergen has been ingested, but no symptoms:

If a reaction is progressing (several of the above areas affected)

THE SEVERITY OF SYMPTOMS CAN CHANGE QUICKLY.

ALL ABOVE SYMPTOMS CAN POTENTIALLY PROGRESS TO A LIFE-THREATENING SITUATION.

ACTIONS:

1. MEDICATION DOSES WEIGHT _____

Antihistamine (Benadryl/Zyrtec): _____

Epinephrine: _____

Epinephrine injection may need to be repeated if the child's symptoms persist or worsen.

☐ Student may self-carry and self-administer (Middle and Upper School students only)

2. CALL HATZOLAH at 212-230-1000 or 911

State that the child had a severe allergic reaction, and additional epinephrine doses may be needed.

3. NOTIFY EMERGENCY CONTACTS:

Mother's Name _____

Mother's Phone (H): _____ (W): _____ (C): _____

Father's Name _____

Father's Phone (H): _____ (W): _____ (C): _____

Health Care Provider's Name: _____ Health Care Provider's Phone: _____

Parent's signature _____

Date _____

Health care provider's Signature _____

Date _____

Preferred hospital _____