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|---|---------------------|
| Name: | Date of Birth: |
| Allergies: | School District: |
| Asthmatic *: *Higher Risk For Severe Reaction | Hospital of Choice: |

Yes No

Step 1: Treatment

Antihistamine: administer _____ Student may self carry / self administer Yes No
medication/dose/route

Epinephrine: inject intramuscularly (circle one) Student may self carry / self administer Yes No
 EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg

Other: administer _____ Student may self carry / self administer Yes No
medication/dose/route

Important: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

| Symptoms: | Give Checked Medication: **(to be determined by physician authorizing treatment) |
|---|--|
| ● If exposed to allergen, but <i>no symptoms</i> : | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ● Mouth Itching, tingling, or swelling of lips, tongue, mouth | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ● Skin Hives, itchy rash, swelling of the face or extremities | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ● Gut Nausea, abdominal cramps, vomiting, diarrhea | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ● Throat† Tightening of throat, hoarseness, hacking cough | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ● Lung† Shortness of breath, repetitive coughing, wheezing | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ● Heart† Weak or thready pulse, low blood pressure, fainting, pale, blueness | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ● Other† _____ | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ● If reaction is progressing (several of the above areas affected), give: _____ | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |

†Potentially life-threatening. The severity of symptoms can quickly change.

Step 2: Emergency Calls

1. Call 911. State That A Student Is Having An Allergic Reaction, Has Been Treated, And Additional Epinephrine May Be Needed.
2. Doctor:
3. Mother:
4. Father:
5. Emergency Contact:
6. Emergency Contact:

This information will be shared with Faculty/Staff directly involved with your child during the school day to include, but not limited to homeroom teacher, classroom teachers, media center, cafeteria, and transportation. Parent/guardian is responsible for intramural sport activities. Your signature infers agreement. Please make changes as required.

Doctor Signature: _____ Date: _____

Doctor/Office Stamp: _____ Date: _____

Parent Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____