

Student Name:

Last _____ First _____ Middle _____ Grade _____ Date of Birth _____
 Parent/Guardian Name _____ Telephone _____ Cell _____
 Other Emergency Contact _____ Telephone _____ Cell _____
 Treating Physician _____ Telephone _____

ALLERGY

Allergy _____ Weight _____
 Asthma: Yes (higher risk for severe reaction) No

FOOD ALLERGY

Extremely reactive to the following foods _____
 If checked, student will self carry EpiPen (Please provide additional EpiPen to be kept in the health room.)

ANY SEVERE SYMPTOMS AFTER SUSPECTED OR KNOWN INGESTION:

One or more of the following:

- LUNG:** Short of breath, wheeze, repetitive cough
- HEART:** Pale, blue, faint, weak pulse, dizzy, confused
- THROAT:** Tight, hoarse, trouble breathing/swallowing
- MOUTH:** Obstructive swelling (tongue and/or lips)
- SKIN:** Many hives over body

Or combination of symptoms from different body areas:

- SKIN:** Hives, itchy rashes, swelling (e.g., eyes, lips)
- GUT:** Vomiting, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications.*
 - Antihistamine
 - Inhaler (bronchodilator), if asthma

*** Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.**



MILD SYMPTOMS ONLY:

- MOUTH:** Itchy mouth
- SKIN:** A few hives around mouth/face, mild itch
- GUT:** Mild nausea/discomfort

1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), **USE EPINEPHRINE**
4. Begin monitoring (see box below)

MEDICATION/DOSES

MEDICATION	BRAND	DOSE
Epinephrine		
Antihistamine		
Other (e.g., inhaler-bronchodilator, if asthmatic)		

MONITORING: Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached.

Physician Signature: _____ Date _____ Parent Signature: _____ Date _____