



Student Name: _____
Grade: _____ Teacher: _____ Date of Birth: _____

Anaphylactic Allergy To: _____

Allergic Reaction: Ingested? __Y__N Touched? __Y__N Inhaled/Airborne? __Y__N (Attach lab results optional)

Asthmatic: ___Yes* or ___No *If your child is asthmatic, you must also provide an Asthma Action Plan!

- Due to safety concerns, student will sit at a "nut free/school lunch only" table ___YES ___NO
Classroom must be "allergen free "(students cannot have products with allergen in class) ___YES ___NO
Student is allowed to self-carry Epi-Pen: ___YES ___NO Date student trained: _____
Does child's allergy restrict oral intake or diet, or require food modifications or substitutions? ___YES ___NO
If YES, list food to be eliminated and possible substitutions:
Eliminate _____
Substitute: _____

STEP 1: TREATMENT

Symptoms:

Give Checked Meds ** (as Determined by Physician)

If a food allergen has been ingested, but no symptoms:

- Mouth Itching, tingling, or swelling of the face or extremities
Skin Hives, itching rash, swelling of the face or extremities
Gut Nausea, abdominal cramps, vomiting, diarrhea
Throat * Tightening of throat, hoarseness, hacking cough
Lung * Shortness of breath, repetitive coughing, wheezing
Heart * Thready pulse, low blood pressure, fainting, pale, blueness
Other* _____

- Epinephrine Antihistamine
Epinephrine Antihistamine
Epinephrine Antihistamine
Epinephrine Antihistamine
Epinephrine Antihistamine
Epinephrine Antihistamine
Epinephrine Antihistamine
Epinephrine Antihistamine
Epinephrine Antihistamine

If reaction is progressing (several of the above areas affected), give:

- Epinephrine Antihistamine

Severity of symptoms can quickly change and is potentially life-threatening! Call 911 & send used medication with EMT

DOSAGE

Epinephrine: inject intramuscularly (circle one)

Epi-Pen® Epi-Pen®Jr. Generic Epinephrine (Auto Injector) OTHER: _____

Antihistamine: give: _____

(Medication: tablet/liquid - dose - route)

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

STEP 2: EMERGENCY CALLS

- 1. Call 911 State an allergic reaction was treated and additional treatment may be needed!
2. Dr. _____ Phone Number: _____
3. Parents _____ Phone Number: _____
4. Emergency Contacts: Name/Relationship Phone Number
a. _____
b. _____

Doctor's Signature _____ Date: _____ (Required)
Parent/Guardian Signature _____ Date: _____ (Required)
School Nurse Signature _____ Date: _____ (Required)