

Student Name _____ Grade _____ Teacher _____

SEVERE ALLERGY TO: insects latex food/other _____

ASTHMATIC yes no **IMPORTANT:** Asthma inhalers and/or antihistamines cannot be depended upon to replace epinephrine during an anaphylactic reaction.

Date of Last Reaction _____ was epinephrine given? yes no symptoms _____

Part 1 – treatment (please have this portion completed by your physician)

SYMPTOMS	TREATMENT	
A food allergen has been ingested, but no symptoms	<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
ABDOMIN: 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 pulse, low blood pressure, fainting, pale or blue	<input type="checkbox"/> Epinephrine /	<input type="checkbox"/> Antihistamine
If a reaction is progressing, give:	<input type="checkbox"/> Epinephrine /	<input type="checkbox"/> Antihistamine

Dosage:

Epinephrine – inject (circle one) _____

Antihistamine

EpiPen

EpiPen Jr.

(write in medication, dose and route)

Adrenaclick 0.3mg

Adrenaclick 0.15mg

Twinject 0.3mg

Twinject 0.15mg

Part 2 – Emergency Calls

1. Call 911 – state that an allergic reaction has been treated and additional epinephrine may be needed.

2. Parent _____ Emergency Number _____

Emergency Contacts (name and number):

(over)→

Part 3 – medications on campus

Please select which options are medically necessary for this child with regard to epinephrine:

This child should have 1 epinephrine dose either:

- in the school office at all times, and/ or
- with the homeroom/classroom teacher at all times, or
- on/with the child at all times

Doctor's signature _____

Date _____

Parent signature _____

Date _____