



STUDENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ CLASSROOM \_\_\_\_\_

ALLERGY TO \_\_\_\_\_

ASTHMATIC  Yes\*  No \*HIGHER RISK FOR SEVERE REACTION

**SIGNS OF AN ALLERGIC REACTION INCLUDE THE FOLLOWING SYMPTOMS:**  
*PLEASE CHECK THE SYMPTOMS THAT MAY APPLY TO YOUR CHILD*

<b>MOUTH</b>	<input type="checkbox"/> Itching	<input type="checkbox"/> Tingling	<input type="checkbox"/> Swelling of Lips, Tongue or Mouth		
<b>SKIN</b>	<input type="checkbox"/> Hives	<input type="checkbox"/> Itchy Rash	<input type="checkbox"/> Swelling of face or extremities		
<b>STOMACH</b>	<input type="checkbox"/> Nausea	<input type="checkbox"/> Abdominal Cramps	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Diarrhea	
<b>THROAT*</b>	<input type="checkbox"/> Tightening of Throat	<input type="checkbox"/> Hoarseness	<input type="checkbox"/> Hacking Cough		
<b>LUNG*</b>	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Repetitive Coughing	<input type="checkbox"/> Wheezing		
<b>HEART*</b>	<input type="checkbox"/> Weak or thready pulse	<input type="checkbox"/> Low blood pressure	<input type="checkbox"/> Fainting	<input type="checkbox"/> Pale skin	<input type="checkbox"/> Blueness
<b>OTHER*</b>	_____				

\* Potentially life-threatening.  
 The severity of symptoms can quickly change. All of the above symptoms can potentially progress to a life-threatening situation.

**PROCEDURE TO FOLLOW:**

If child has been stung or has a severe allergic reaction, Staff will immediately administer:

Epinephrine: inject intramuscularly  EpiPen®  EpiPen® Jr  Twinject® 0.3mg  Twinject® 0.15mg

Antihistamine: give \_\_\_\_\_  
medication/dose/route

Other: give \_\_\_\_\_  
medication/dose/route

Asthma Inhaler: \_\_\_\_\_  
medication/dose/route

Give both the EpiPen® and the \_\_\_\_\_ medication simultaneously.  Yes  No

Give \_\_\_\_\_ medication and observe for \_\_\_\_\_ minutes. However, if anaphylactic symptoms (*above*) occur give the EpiPen®

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

**IF AN EPIPEN® HAS TO BE ADMINISTERED:**

1. Call 911. Notify them that the child has been given epinephrine for a possible anaphylactic reaction.
2. Call Parents.
3. Get Emergency Card.
4. Keep child lying down with feet elevated. Keep warm. Ensure adequate airway. Child may become drowsy following medication.
5. **If breathing stops at any time during procedure, initiate rescue breathing immediately. If breathing and pulse stops, initiate CPR immediately.**
6. Stay with child until Parents or Paramedics arrive. If Parents are unavailable, a staff member will accompany child to hospital with a copy of the Emergency Card.

***Parent must provide all medication that will not expire during the current school year on or before the first day of attendance.***

Parent Name \_\_\_\_\_ Ph 1: \_\_\_\_\_ Ph 2: \_\_\_\_\_

Parent Name \_\_\_\_\_ Ph 1: \_\_\_\_\_ Ph 2: \_\_\_\_\_

Parent Signature (required) \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Physician Signature (required) \_\_\_\_\_ Date: \_\_\_\_\_