



Student's Name: _____ Date of Birth: _____ Age: _____ Weight: _____ pounds (_____ kg)

Student's School System: _____ Student's School: _____

Student has allergy to _____

Student has asthma Yes (If yes, higher risk for severe reaction) No

Student has had anaphylaxis Yes No

Student has received instruction and has permission to self-carry epinephrine and use independently Yes No

IMPORTANT REMINDER: Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, use epinephrine.

For **ANY** of the following **SEVERE SYMPTOMS OR A COMBINATION** of symptoms from different body areas



Shortness of breath, wheezing, or coughing



Pale or bluish skin, weak pulse, fainting or dizziness



Tight or hoarse throat, trouble breathing or swallowing



Swelling of lips or tongue that bothers breathing



Many hives or redness over body



Feeling of "doom," confusion, altered consciousness or agitation



Repetitive vomiting or severe diarrhea

SPECIAL SITUATION: If this box is checked, student has an extremely severe allergy to an insect sting or the following food(s): _____. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine.**



1. Inject epinephrine right away!

Note time when epinephrine was given.

2. Call 911.

- Ask for ambulance with epinephrine.
- Tell rescue squad when epinephrine was given.

3. Stay with Student and:

- Call parents and student's healthcare provider.
- If symptoms get worse or continue after 5 minutes, give a second dose of epinephrine.
- Keep student lying on back. If the student vomits or has trouble breathing, keep child lying on his or her side.

4. Give other medicine (if applicable) following epinephrine

- Antihistamine
- Inhaler/bronchodilator if wheezing

MILD SYMPTOMS



Itchy or runny nose, sneezing



Itchy mouth



Mild nausea or discomfort



A few hives, mild itchy skin

MONITOR STUDENT

- Stay with student and watch him or her closely.
- Give antihistamine (if listed below).
- Call parents.

If more than 1 symptom or severe allergy anaphylaxis symptoms develop, use epinephrine.

MEDICATION/DOSES

Epinephrine, intramuscular (list type): _____

- Epinephrine Dose: 0.1 mg (7.5 kg to less than 13kg)
 0.15 mg (13 kg to less than 25 kg)
 0.3 mg (25kg or more)

Antihistamine, by mouth (list type): _____

Antihistamine Dose: _____

Other (e.g., inhaler/bronchodilator if child has asthma): _____

EMERGENCY CONTACTS

Healthcare Provider: _____

Phone: _____

Parent/Guardian: _____

Phone: _____

Other Emergency Contact Name/Relationship: _____

Phone: _____

Parent/Guardian Authorization Signature

Date

Physician/HCP Authorization Signature

Date