TRADITION.
INNOVATION.
EXCELLENCE.

PLACE PICTURE HERE

STUDENT ALLERGY FORM—EMERGENCY PLAN

Student's Personal Information

Name: _____
First Name Middle Name Last Name

Teacher/Homeroom:_____ DOB:_____

Student is extremely reactive to the following substance(s) and/or food(s):_____

_____

To be completed by Licensed Prescriber:
_____Please initial allowing permission to give epinephrine immediately for ANY symptoms if the known allergen was likely eaten.
_____Please initial allowing permission to give epinephrine immediately if the allergen was *definitely* eaten, even if NO symptoms are noted.

Epi pen Location:

☐ Child Carries ☐ Main Office ☐ Cafeteria ☐ Homeroom ☐ Other _____

FOR **ANY** OF THE FOLLOWING:

SEVERE SYMPTOMS

LUNG
Short of breath, wheezing, repetitive cough

HEART
Pale, blue, faint, weak pulse, dizzy

THROAT
Tight, hoarse, trouble breathing/ swallowing

MOUTH
Significant swelling of the tongue and/or lips

SKIN
Many hives over body, widespread redness

GUT
Repetitive vomiting, severe diarrhea

OTHER
Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION
of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.

- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

NOSE
Itchy/runny nose, sneezing

MOUTH
Itchy mouth

SKIN
A few hives, mild itch

GUT
Mild nausea/ discomfort

FOR **MILD SYMPTOMS** FROM **MORE THAN ONE** SYSTEM AREA, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS** FROM **A SINGLE SYSTEM** AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

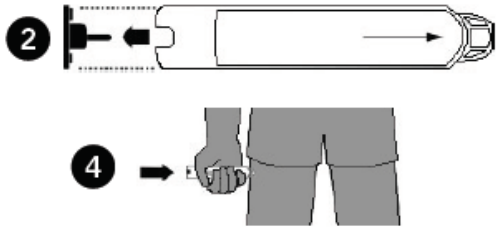
Other (e.g., inhaler-bronchodilator if wheezing): _____

_____

Revised: 3/20/2017

EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

Other Directions/Information:

Child is capable of **self-administering** an Epi Pen: If yes, Licensed Prescriber MUST Initial _____

Child has Asthma: _____Yes ***(higher risk for severe reaction)*** _____NO Weight: _____lbs

Additional Directions: _____

_____

_____

_____

_____

_____

Treat the person before calling emergency contacts.
The first signs of a reaction can be mild, but symptoms can get worse quickly.

Emergency Contact Information: ***CALL 911***

Primary Physician's Name: _____ Primary Physician's Number: (____)____-_____

	MOTHER	FATHER
Name		
Cell Phone		
Work Phone		

Additional Emergency Contacts:

Name/Relationship: _____ Phone Number: (_____)_____-_____

Name/Relationship: _____ Phone Number: (_____)_____-_____

Parent/Guardian Signature: _____ Date: _____

Licensed Prescriber Signature: _____ Date: _____

Form provided courtesy of Food Allergy Research & Education (FARE) (www.foodallergy.org)