



Name: _____ D.O.B.: _____

Allergy to: _____ Teacher: _____

Weight: _____ lbs. Asthma: [] Yes (higher risk for a severe reaction) [] No Grade: _____

PLACE
PICTURE
HERE

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following foods: _____

THEREFORE:

- [] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.
- [] If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

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 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 [] 0.3mg IM

Student may self-carry/administer [] YES [] NO

Antihistamine /dose: _____

Student may self-carry/administer [] YES [] NO

Bronchodilator/inhaler: _____

Student may self-carry/administer [] YES [] NO

PARENT/GUARDIAN AUTHORIZATION SIGNATURE _____ DATE _____

PHYSICIAN/HCP AUTHORIZATION SIGNATURE _____ DATE _____

Physician/HCP Name: _____

Office Phone: _____

ALLERGY HISTORY: Has your child ever needed to use an Epi-Pen/Epinephrine? _____ How many times _____
 Last time used: _____ For What symptoms? _____
 Does your child need to inject the allergen to have a reaction? _____

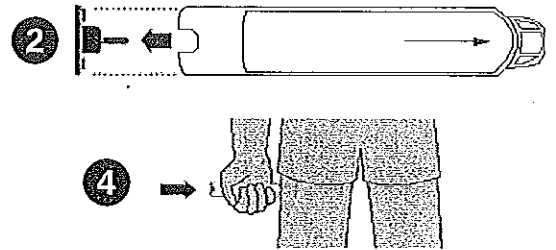
SCHOOL CONSIDERATIONS: Does your child require special seating when having snack or lunch? _____
 Additional school considerations: _____

Field Trip Plan: Nurses do not routinely go on field trips. The Department of Public Health regulations allow us to delegate responsibility for the administration of epinephrine via a single dose autoinjector (ex. An Epi-Pen or Auvi-Q) in an emergency situation to trained school staff. Because the regulations do not allow us to delegate any other medications that are given on an "as needed" basis, epinephrine, not Benadrly, would be given for a life threatening allergic reaction on field trips. To receive any medication other than Epinephrine on field trips, your child's health care provider may check off the box on the front of this form, if appropriate, giving the student permission to self-administer his/her medication (i.e. Benadryl or inhalers).

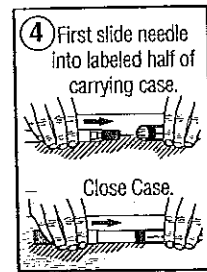
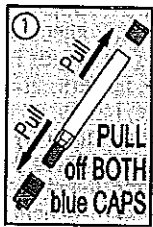
Students at the elementary level do not usually carry their own medication on a field trip: teachers or a trained adult carry the medication and a student may self-administer if the healthcare provider and school nurse have signed off that the student is developmentally able to self-administer the medication if needed. Parents of students with medical needs are always welcome to attend field trips.

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.



EPINEPHRINE (Generic) AUTO-INJECTOR DIRECTIONS



Emergency Contacts-Give Epinephrine and Call 911 First!

1. Name: _____
 Relation: _____
 Cell Phone: _____
 Home Phone: _____
 Work Phone: _____

2. Name: _____
 Relation: _____
 Cell Phone: _____
 Home Phone: _____
 Work Phone: _____

****Please ask the pharmacist for additional prescription labels which can be placed directly on the epinephrine container or inhaler. This will eliminate having to take the bulky boxes on field trips.**

Parent/Guardian signature: _____ Date: _____
 School Nurse signature: _____ Date: _____