|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student’s Name:** |  | **Grade:** |  | **Student’s Date of Birth:** |  |
| **School Name:** |  | **School Address:** |  |

|  |  |
| --- | --- |
| **THIS PERSON HAS A POTENTIALLY LIFE-THREATENING ALLERGY (ANAPHYLAXIS)** | **ACT QUICKLY. DO NOT WAIT FOR SYMPTOMS TO GET WORSE OR NEW SYMPTOMS TO BEGIN** |
| Photo | **Allergy Trigger(s):** | * **Give Epinephrine** at the first sign of an anaphylactic reaction.
* **Call 9-1-1**
* **Call Emergency Contact**

**Epinephrine is the first line medication** for the emergency management of anaphylaxis. **Antihistamines (e.g., Benedryl ™) or asthma medication should not be used to treat anaphylaxis.** |
| [ ]  | Food(s): |       |
| [ ]  | Insect Stings: |       |
| [ ]  | Environment: |       |
| [ ]  | Other: |       |
| **Medication Information:** |
| [ ]  EpiPen Jr. (0.15mg) | [ ]  EpiPen Sr. (0.30mg) |
| Expiration Date: |       |
| Location: |       |
| Additional Information: |
|       |

|  |  |
| --- | --- |
| **AN ANAPHYLACTIC REACTION MAY HAVE THE FOLLOWING SIGNS AND SYMPTOMS:** | **EMERGENCY CONTACT INFO:** |
| **Face:** Hives, itching, swelling (lips, face, tongue) flushed face or body**Airway:** Difficulty breathing, swallowing or speaking, coughing, wheezing, change of voice, sneezing**Stomach:** Stomach cramps, nausea, vomiting, diarrhea**Total body:** Hives, itching, swelling, weakness, dizziness, loss of consciousness, anxiety, feeling of doom | **Name** | **Relationship** | **Cell Phone** | **Other Phone** |
|       |       |       |       |
|       |       |       |       |
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*The undersigned parent/guardian authorizes any adult to administer emergency medication following the instructions outlined above to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by a physician/NP. The plan will be shared with appropriate facility/school personnel to assist in responding in an Emergency. It is the parent/guardian's responsibility to advise the school about any changes to this plan.*

Parent/Guardian Date Doctor/Nurse Practitioner Date