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

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| --- | --- | --- | --- | --- |
| **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: | | | |
|  | | | |

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| --- | --- | --- | --- | --- |
| **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