

Name: _____ School: Student ID#

D.O.B.: _____

PLACE STudent'S Allergy to:

PiCTurE hErE Weight: _____ lbs. Asthma:

[] Yes (higher risk for a severe reaction) [] No For a suspected or active food allergy
reaction: SEVErE SYMPTOMS nOTE: miLD WhEn in dOuBT, SYMPTOMS

GivE EPinEPhrinE.

[] if checked, give epinephrine immediately if the allergen

[] if checked, give epinephrine

immediately for was definitely eaten, even if there are no symptoms.

Any symptoms if the allergen was likely eaten.

hEArT

ThrOAT

mOuTh Pale, blue, faint,

tight, hoarse,

Significant LunG Short of breath,

nOSE

mOuTh Itchy/runny nose, sneezing

I

tchy mouth wheezing,

weak pulse, dizzy

trouble breathing/

swelling of the repetitive cough

swallowing

tongue and/or lips

Or a cOmbinatiOn of mild

SKin A few hives, mild itch

SKin many hives over

OTHEr

or severe Feeling

⇅ ⇅ ⇅ body,

widespread

something bad is redness

about to happen,

1.



Physician's Stamp GuT mild nausea/discomfort

GuT repetitive vomiting or severe diarrhea

symptoms from different body areas. anxiety, confusion

Give AntiHistamines, if Ordered By Physician NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. use Epinephrine.

2. Stay with student; alert emergency contacts. 3. Watch student closely for changes. If symptoms worsen, Give Epinephrine.

1.

Inject Epinephrine immediately. 2. Call 911. request ambulance with epinephrine.

• consider giving additional medications (following or with the

medications/doses

epinephrine):

epinephrine Brand:

_____ » Antihistamine » Inhaler (bronchodilator) if asthma

epinephrine Dose: [] 0.15 mg Im [] 0.3 mg Im

• lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.

Antihistamine Brand or Generic: _____

• If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.

Antihistamine Dose: _____

• Alert emergency contacts.

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

• transport student to er even if symptoms resolve. Student should remain in er for 4+ hours because symptoms may return.

Parent/Guardian Authorization Signature Date Physician/hcP Authorization Signature Date

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Form Provided courtesy of Food Allergy Research & Education (FARE) (WWW.FOODALLERGY.ORG) 8/2013

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.

Auvi-Q™ (EPinEPhrinE inJECTiOn, uSP) dirECTiOnS

2 1. remove the outer case of Auvi-Q. this will automatically activate the voice

instructions. 2. Pull off red safety guard. 3. Place black end against mid-outer thigh. 4. Press firmly and hold for 5 seconds. 5. remove from thigh.

AdrEnACLiCK®/AdrEnACLiCK® GEnEriC dirECTiOnS 1. remove the outer case. 2. remove grey caps labeled “1” and “2”.

2 2

3. Place red rounded tip against mid-outer thigh. 4. Press down hard until needle penetrates.

1

5. hold for 10 seconds. remove from thigh.

OTHer dirECTiOnS/inFOrMATiOn (may self-carry epinephrine, may self-administer epinephrine, etc.):

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

EmErGEnCy COntACTS — CALL 911

OTHer EmErGEnCy COntACTS

NAme/relAtIONShIP:

_____ reScue SQuAD:

PhONe:

_____ DOctOr:

_____ PhONe: _____

NAme/relAtIONShIP:

_____ PArENt/GuArDIAN:

_____ PhONe: _____

PhONe: _____

PArENt/GuArDIAN AuthOrIZAtION SIGNAture DATE

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