

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 EPIPHRINE.

[] 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.

hEAR T

THROAT

mouth Pale, blue, faint,

tight, hoarse,

Significant Lung Short of breath,

NOSE

mouth Itchy/runny nose, sneezing

I

itchy 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

F

Orm 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-QTm (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

FOrm PrOvIDeD cOurteSY OF FOOD AllerGY reSeArch & eDucAtION (FAre) (WWW.FOODAllerGY.OrG) 8/2013