












Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ pounds ( \_\_\_\_\_ kg)  
 Student's School System: \_\_\_\_\_ Student's School: \_\_\_\_\_  
 Student has allergy to \_\_\_\_\_  
 Student has asthma  Yes (If yes, higher risk for severe reaction)  No  
 Student has had anaphylaxis  Yes  No  
 Student has received instruction and has permission to self-carry epinephrine and use independently  Yes  No

**IMPORTANT REMINDER: Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, use epinephrine.**

For **ANY** of the following **SEVERE SYMPTOMS OR A COMBINATION** of symptoms from different body areas

			
Shortness of breath, wheezing, or coughing	Pale or bluish skin, weak pulse, fainting or dizziness	Tight or hoarse throat, trouble breathing or swallowing	Swelling of lips or tongue that bothers breathing
			
Many hives or redness over body	Feeling of "doom," confusion, altered consciousness or agitation	Repetitive vomiting or severe diarrhea	

**MILD SYMPTOMS**

			
Itchy or runny nose, sneezing	Itchy mouth	Mild nausea or discomfort	A few hives, mild itchy skin

**MONITOR STUDENT**

- Stay with student and watch him or her closely.
- Give antihistamine (if listed below).
- Call parents.

**If more than 1 symptom or severe allergy anaphylaxis symptoms develop, use epinephrine.**

**SPECIAL SITUATION:** If this box is checked, student has an extremely severe allergy to an insect sting or the following food(s): \_\_\_\_\_. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine.**



- 1. Inject epinephrine right away!**  
Note time when epinephrine was given.
- 2. Call 911.**
  - Ask for ambulance with epinephrine.
  - Tell rescue squad when epinephrine was given.
- 3. Stay with Student and:**
  - Call parents and student's healthcare provider.
  - If symptoms get worse or continue after 5 minutes, give a second dose of epinephrine.
  - Keep student lying on back. If the student vomits or has trouble breathing, keep child lying on his or her side.
- 4. Give other medicine (if applicable) following epinephrine**
  - Antihistamine
  - Inhaler/bronchodilator if wheezing

**MEDICATION/DOSES**

Epinephrine, intramuscular (list type): \_\_\_\_\_  
 Epinephrine Dose:  0.1 mg (7.5 kg to less than 13kg)  
 0.15 mg (13 kg to less than 25 kg)  
 0.3 mg (25kg or more)  
 Antihistamine, by mouth (list type): \_\_\_\_\_  
 Antihistime Dose: \_\_\_\_\_  
 Other (e.g., inhaler/bronchodilator if child has asthma): \_\_\_\_\_

**EMERGENCY CONTACTS**

Healthcare Provider: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Other Emergency Contact Name/Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_

_____ Parent/Guardian Authorization Signature	_____ Date	_____ Physician/HCP Authorization Signature	_____ Date
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