

Grade: _____ DOB: _____ Mother: _____ MHome #: _____ MWork #: _____ MCell #: _____ FHome #: _____ FWork #: _____ FCell #: ____ Emergency Contact: ______ Relationship: _____ Phone: _____ SYMPTOMS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL OF THESE: **MOUTH** Itching & swelling of lips, tongue or mouth Itching, tightness in throat, tightness in chest **THROAT** SKIN Hives, warmth, itchy rash, generalized swelling Nausea, abdominal cramps, vomiting and/or diarrhea STOMACH Shortness of breath, repetitive cough, wheezing LUNG **HEART** "Thready pulse", "passing out" The severity of symptoms can change quickly it is important that treatment is give immediately. TREATMENT: Rinse contact area with water. Treatment should be initiated \square with symptoms \square without waiting for symptoms Benadryl ordered: Yes No Dosage Schedule: *self carry Yes ___ No ___ Epinephrine ordered: Yes ____ No ___ Dosage Schedule: *self carry Yes ___ No ___ IF ANY SYMPTOMS BEYOND REDNESS OR SWELLING ARE SEEN AT THE SITE AND EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND CALL 911. Preferred Hospital if transported: Epinephrine provides a 20 minute response window. After epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response. Students receiving epinephrine should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present. Call school nurse / parent if off school grounds. *I attest that this student has demonstrated to me that they can self administer this medication. Physician's Signature_____ Date: Physician's Name (please print) _____ Phone: ____

Date: