

Student:	<del></del>	Grade.	
	MHome #:		
Father:	FHome #:	FWork #:	FCell #:
Emergency Contact:	Relationship:		Phone:
<ul> <li>MOUTH Itching &amp;</li> <li>THROAT Itching, f</li> <li>SKIN Hives, itching, f</li> <li>STOMACH Nausea, f</li> <li>LUNG Shortnes</li> <li>HEART "Thready</li> <li>The severity</li> </ul>	IC REACTION MAY INCLUDE As swelling of lips, tongue or mouth, mounightness in throat, hoarseness, cough the rash, swelling of face and extremities abdominal cramps, vomiting, diarrheas of breath, repetitive cough, wheezing y pulse", "passing out" of symptoms can change quickly at that treatment is give immediate	ath "feels hot"	ESE:
	with symptoms 🚨 without waiting for		
*self carry Yes No	Dosage Schedule:  Dosage Schedule:		
IF SYMPTOMS ARE	PRESENT AND EPINEPHRINE IMMEDIATELY AND CA		VE EPINEPHRINE
rate. This is a normal response. S	response window. After epinephrine, a students receiving epinephrine should be udent to the emergency room if the pare dents is present. Call school nurse / pa	e transported to the l ent, guardian or eme	hospital by ambulance. A staft rgency contact is not present and
*I attest that this student has demo	nstrated to me that they can self administ	ter this medication.	
Physician's Name (please print) _			Phone:
Parent/Guardian Signature:			Date:
	ertinent staff on an as need to know has		