



Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

- If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.
- If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A
COMBINATION
of symptoms
from different
body areas.



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

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

For Parents
to fill out
↓

Caring For Students With Food/Bee Sting Allergies Health History

Child's Name _____ Grade _____
Mother: _____ Home# _____ Work# _____ Cell# _____
Father: _____ Home# _____ Work# _____ Cell# _____
Emergency Contact _____ Phone# _____

Primary Health Concern _____

Healthcare Provider's Name _____ Phone _____

Diagnosis (note specific allergens) _____

At what age was the student diagnosed with a food allergy? _____

What symptoms led to the diagnosis? _____

What are the child's usual symptoms? _____

How long after ingesting the food allergen/Bee sting did symptoms occur? _____

Approximately how many allergic reactions has the student experienced _____

When was his/her last reaction? _____

Has the child been hospitalized as a result of an allergic reaction? No _____ Yes, How many times? _____

Does the child have an early awareness of the onset of an allergic reaction? _____

What treatment does the child usually require for an allergic reaction? _____

Does the student have asthma? _____ Asthma can increase the severity of a reaction, how have previous allergic reactions affected his/her asthma? _____

Is there anything else that the school should know to take the best care of your child? _____

All school health information is handled in a respectful and confidential manner. May the school share this information with school staff on a "need to know" basis? _____

Parent Signature _____ Date _____