



Student's Name _____

DOB _____ Teacher _____

Allergic to _____

Asthmatic Yes* No *Higher risk for severe reaction



STEP 1: TREATMENT

Symptoms	Give Checked Medication** (**To be determined by physician authorizing treatment)	
If a food allergen has been ingested, but no symptoms	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Mouth- Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Skin- Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Gut- Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Throat †- Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Lung †- Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Heart †- Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Other † _____	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
† Potentially life-threatening. The severity of symptoms can quickly change		

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg

Antihistamine: give _____
(Medication/Dose/Route)

Other: give _____
(Medication/Dose/Route)

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

Call 911 (or rescue squad: _____) State that an allergic reaction has been treated, and additional epinephrine may be needed.

Dr _____ Phone Number _____

Parent _____ Phone Number _____

Emergency Contacts:

Name/Relationship _____ Phone #1 _____ Phone #2 _____

Name/Relationship _____ Phone #1 _____ Phone #2 _____

EVEN IF A PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian's Signature _____ Date _____

Doctor's Signature _____ Date _____

(Required)



Child's Name _____

1: List of Foods and Ingredients your child needs to avoid:

2: Complete the Allergy Action Plan Form (at least 2 copies plus extra copies as needed for any other teachers with whom the child has contact, i.e., art, music, PE, library, computer). This form gives specific instructions about what to do if your child has an allergic reaction. You will need two or more small, recent photos of your child to attach to the copies of the form. One form will be kept in the office on file and the other copy will be kept with the medication. Forms must be signed by the child's attending physician.

3: Provide all medication and instructions for use in the original medication box or fanny pack that is clearly labeled with your child's name. Be sure to check the expiration dates and replace medications as needed.

4: Provide a box of "safe snacks" so there is always something for your child to choose from during unplanned special events or special occasions. Please label your child's name on the outside of the box.

Date list completed _____

Signature of Parent/Guardian _____

Signature of Parent/Guardian _____

Signature of Teacher _____

Date _____

TRAINED STAFF MEMBERS

1. _____ Room _____

2. _____ Room _____

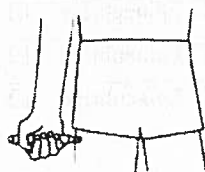
3. _____ Room _____

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



- Remove caps labeled "1" and "2."
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION: If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

**Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.

