

AUTHORIZATION OF EMERGENCY TREATMENT

Parents complete all information in blue type
Physician completes all information in red type

Student Name School _____ Grade _____ Teacher _____

Child is allergic to: _____

If you suspect that a food allergen has been ingested (or insect sting), immediately determine the symptoms and treat the reaction as follows:

Symptoms

Circle Medicine to be Administered

Mouth:	Itching, tingling, or swelling of lips, tongue, mouth	Antihistamine	EpiPen
Skin:	Hives, swelling on face or extremities, itchy rash	Antihistamine	EpiPen
Stomach:	Nausea, abdominal cramps, vomiting, diarrhea	Antihistamine	EpiPen
Throat:	Tightening of throat hoarseness, hacking cough	Antihistamine	EpiPen
Lung:	Shortness of breath, repetitive coughing, wheezing	Antihistamine	EpiPen
Heart:	Thready pulse, passing out, fainting, pale, blueness	Antihistamine	EpiPen
General:	Panic, sudden fatigue, chills, fear of impending doom	Antihistamine	EpiPen

Procedures

1. Administer Medication

Medication Doses

- Antihistamine (liquid diphenhydramine, Benadryl or cetirizine, Zyrtec)
 - give _____ teaspoon(s) by mouth
 - other _____
- Epinephrine
 - EpiPen _____ (mg) injected once into upper outer thigh

2. Emergency Response Procedures:

- Mild Reaction

- Severe Reaction

- If it is necessary to call 911, should we state that epinephrine has been given, but more is required?
___ Yes ___ No

School Accommodations – Check all that apply

1. It is medically necessary for child to always carry both an antihistamine and an EpiPen with him/her at all times.
2. All students should wash or wipe their hands before entering the classroom at the beginning of the day.
3. All students will wash or wipe their hands after breakfast/lunch.
4. The child will only consume food considered safe provided from the child's home. No other food is to be consumed by the child under any circumstances.
5. Check foods for ingredients brought into the room for parties, special events, etc.
6. Child's lunch should be stored away from other students' lunches.
7. Child may not drink from water fountains in the building.
8. Concerns about food allergen residues on playground equipment? No Yes If yes, steps need to address concerns:
9. Concerns about food allergen residues on sinks or toilets? No Yes If yes, steps need to address concerns:
10. Does the student need a "safe" table in the cafeteria? No Yes

Other Information Pertinent to the Child's Allergies:

Name of Physician (please print) _____

Physician's Signature

Date

Phone Number

Parent Information

1. Please describe history of allergic reactions at home: _____

2. Have you ever had to administer an EpiPen at home? _____

3. Other information the school needs to know about your child's allergies: _____

Parent's Signature

Date

Phone Number