

Allergies

**Control environment whenever possible.
Reminder: Take this form on Field Trips**

Student _____ DOB _____
 Grade _____ School Year _____
 Age of Diagnosis _____ Trigger _____

	Person to contact	Relationship	Work Phone	Home Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Health Care Provider _____ Phone: _____
 Clinic/City _____
 Hospital/City _____ Phone: _____

Prevention Strategies: Avoid known triggers for anaphylaxis (Check if applicable)

milk/dairy nuts eggs latex seafood
 insect bites (kind _____) perfumed/scented products
 animals (kind _____) other _____

Symptoms: (Check any past symptoms known)

<input type="checkbox"/> GI symptoms <input type="checkbox"/> generalized tingling or itching <input type="checkbox"/> tightness of throat and/or chest <input type="checkbox"/> swelling of eyes, lips, tongue, throat or neck <input type="checkbox"/> generalized rash or hives <input type="checkbox"/> loss of consciousness <input type="checkbox"/> apprehension/anxiety <input type="checkbox"/> acute coughing or sneezing <input type="checkbox"/> facial flush	<input type="checkbox"/> cyanosis-blue lips or finger nails <input type="checkbox"/> rapid, thready, weak, or unattainable pulse <input type="checkbox"/> wheezing or difficulty in breathing <input type="checkbox"/> drop in blood pressure <input type="checkbox"/> fainting <input type="checkbox"/> seizures <input type="checkbox"/> other _____ _____
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Medications: _____

Emergency Action:

1. **If mild reaction use medication and contact parent- if no improvement go to #2.**
 Drug Name _____ Dose _____ Frequency _____
2. **Give Epipen _____ mg *ONLY Trained staff may give Epipen.**
3. **Call 911 – Notify office when 911 is called.**
4. **Call School Nurse at**
 - **Remain calm and stay with student.**
 - **Provide CPR** by a trained person as needed.
 - **Delegate another adult to call parent/guardian.**
 - **Other** _____

To use Epipen-
 Pull off gray cap, place on thigh over clothes
 Push in until you hear it click
 Hold in place 10 seconds
 Massage for 10 seconds

After School Plan _____
Field Trip Plan _____
Bus Plan _____

