

Parent/Guardian Signature _____

Date _____

Physician/Health Care Provider Signature _____

Date _____

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

Antihistamine (brand and dose): _____

Epinephrine (brand and dose): _____

MEDICATIONS/DOSES

MILD SYMPTOMS

- NOSE** Itchy/runny nose, sneezing
- MOUTH** Itchy mouth
- SKIN** A few hives, mild itch
- GUT** Mild nausea/discomfort

- 1. GIVE ANTIHISTAMINE**
2. Stay with student; alert healthcare professionals and parents
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring

SEVERE SYMPTOMS

- LUNG** Short of breath, wheeze, repetitive cough
- HEART** Pale, blue, faint, weak pulse, dizzy, confused
- THROAT** Tight, hoarse, trouble breathing/swallowing
- SKIN** Many hives over body, widespread redness
- GUT** Repetitive vomiting or severe diarrhea

Or **combination** of symptoms from different body areas

- 1. INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Begin monitoring
4. Give additional medications: *
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). **USE EPINEPHRINE.**

If checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.

Allergic to: _____

Emergency Action Plan for: _____

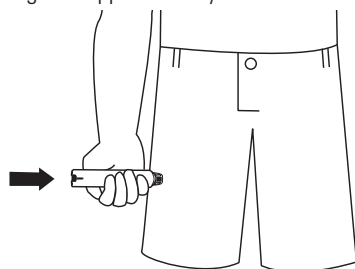
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EpiPen Auto-Injector Directions For Use:

- First, remove the EpiPen Auto-Injector from the plastic carrying case.
- Pull off the blue safety release cap.



- Hold orange tip near outer thigh (always apply to thigh)
- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.



- Remove the EpiPen Auto-Injector and massage the area for 10 more seconds.

WARNING

- EPIPEN®/EPIPEN® JR should be injected only into the outer thigh (see directions for use).
- Store at room temperature (15°-30°C/59°-86°F)
- EpiPen™ Expires: ____ / ____ / ____

Emergency Contacts

1. _____

Relation: _____

Phone(s): _____

2. _____

Relation: _____

Phone(s): _____

3. _____

Relation: _____

Phone(s): _____



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