



Student Name: _____

Photo

This student has a potentially life-threatening allergy (anaphylaxis) to:

peanuts tree nuts egg
 milk insect sting latex
 medication (give details):

other (give details):

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked bulk foods or products with a “may contain” warning.

Epinephrine Auto-Injector Expiry Date: _____

Dosage:

EpiPen Jr 0.15 mg EpiPen 0.30 mg
 Twinject 0.15 mg Twinject 0.30 mg

Location of Auto-Injectors: _____

Student carries his/her own medication

Asthmatic person is at greater risk. If person is having a reaction and has difficulty breathing give epinephrine auto-injector **before** asthma medication.

A PERSON HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SIGNS AND SYMPTOMS

- **Skin** – hives, swelling, itching, warmth, redness, rash.
- **Respiratory (breathing)** – wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing.
- **Gastrointestinal (stomach)** – nausea, pain/cramps, vomiting, diarrhea.
- **Cardiovascular (heart)** – pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock.
- **Other** – anxiety, feeling of ‘impending doom’, headache.

EARLY RECOGNITION OF SYMPTOMS AND IMMEDIATE TREATMENT COULD SAVE A PERSON'S LIFE

Act quickly. The first signs of a reaction can be mild but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** (e.g. EpiPen or Twinject) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 10-15 minutes **or sooner IF** the reaction continues or worsens.
2. **Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
3. **Go to the nearest hospital** even if symptoms are mild or have stopped. Stay in the hospital for an appropriate period of observation (generally 4 hrs) but at the discretion of the ER physician. The reaction could return.
4. **Call contact person.**

EMERGENCY CONTACT INFORMATION

Name:		Relationship:	
Home #:	Work #:	Cell #:	
Name:		Relationship:	
Home #:	Work #:	Cell #:	
Name:		Relationship:	
Home #:	Work #:	Cell #:	

The undersigned patient, parent or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction as described above. This protocol has been recommended by the patient's physician and has been reviewed with the patient/child and the parent/guardian.

Patient/Parent/Guardian Signature

Date

Physician Signature

Date

