Life Threatening Allergy Eme Student's Name:	• •		•
Child's Full Name:         Date of Birth:         Parent/Guardian:         Phone (home):       Phone (work):		<ul> <li>DO NOT WAIT FOR SYMPTOMS TO GET WORSE OR NEW SYMPTOMS TO BEGIN</li> <li>GIVE EPINEPHRINE</li> <li>CALL 911 <ul> <li>Specify "allergic reaction" &amp; that Auto-injector has been given</li> <li>Provide location &amp; telephone number</li> </ul> </li> </ul>	
Emergency Contact:         Phone (home):       Phone (work):         Primary Care Provider:       Office Phone:         STUDENT'S ANAPHYLAXIS TRIGGERS ARE:         □ Food       (list):	Picture ID	<ul> <li>School name:</li> <li>School address:</li> <li>School phone #:</li> <li>Keep child lying down if unconscious or von lying position.</li> </ul>	n with feet elevated
□ Insect stings (list): □ Other: ANYONE HAVING AN ANAPHYLACTIC REACTION ANY OF THESE SYMPTOMS "F.A.S.T.":		CALL PARENTS     Always send child to receiving Auto-injecto <u>Epinephrine</u> is the <u>first line</u> medication of the emergency management of potentially life threatening ellerations	<b>)r</b> ation which should be used f a person having a
<ul> <li>Face: Hives, itchy eyes, itchy nose, flushed/red face, swelling of Airway: Difficulty breathing, swallowing or speaking, coughin voice, sneezing, nasal congestion</li> <li>Stomach: Stomach pain, vomiting, diarrhea</li> <li>Total Body: Hives, itching, swelling, weakness, dizziness, consciousness, anxiety, feeling of doom</li> </ul>	ng or choking, change of	potentially life threatening allergic Antihistamines (e.g. Benadryl ™) a should not be used instead of epin anaphylaxis. It is the parent's responsibility to noti change in the child's condition.	and <u>asthma</u> medications nephrine for treating ify the facility/school of any
CHILD'S EMERGENCY TREATMENT:    Medication is stored where?  Epinephrine auto-injector – expiry date:  Field Trip Plans:		Sign below if you agree with all Parent/Guardian School Administrator	Dove information & plan: