

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

ASTHMATIC Yes \* \_\_\_\_\_ NO \_\_\_\_\_ \*High risk for severe reaction

Place  
Child's  
Picture  
Here

**SIGNS OF AN ALLERGIC REACTION**

(Highlight or circle symptoms appropriate to child)

**Systems:**

- Mouth
- Throat \*
- Skin
- Lung \*
- Heart \*
- Gut
- Other

**Symptoms:**

Itching, tingling or swelling of the lips, tongue, or mouth  
Tightening or itching of throat, hoarseness, hacking cough  
Hives, itchy rash, swelling about the face or extremities  
Shortness of breath, repetitive coughing, wheezing  
Weak or thready pulse, low blood pressure, fainting, paleness, blueness  
Nausea, abdominal cramps, vomiting, diarrhea

**\*Potentially Life Threatening. The severity of symptoms can quickly change.**

**◀STEP 1: TREATMENT▶**

Epinephrine: (check one) \_\_\_\_\_ 0.3mg EpiPen® \_\_\_\_\_ 0.15mg EpiPen Junior®

Inject intramuscularly \_\_\_\_\_ 0.3mg Twinject® \_\_\_\_\_ 0.15mg Twinject®

\_\_\_\_\_ 0.3mg Adrenaclick™ \_\_\_\_\_ 0.15mg Adrenaclick™

\_\_\_\_\_ 0.3 mg Auvi-Q \_\_\_\_\_ 0.15 mg Auvi-Q

(See reverse side for directions)

Antihistamine: give Benadryl \_\_\_\_\_ by mouth immediately.

Dosage

**◀STEP 2: EMERGENCY CALLS▶**

Call Emergency Medical Services: 9-1-1 immediately Call School Nurse if not present.

Call: Parent/Guardian \_\_\_\_\_

(Name)

(Home)

(Work)

(Cell)

Call: Parent/Guardian \_\_\_\_\_

(Name)

(Home)

(Work)

(Cell)

or emergency contacts (listed on reverse side of this form)

**Possible side effects of Epinephrine:** Palpitations, tachycardia (rapid heart beat), sweating, nausea, vomiting, breathing difficulties, pale skin color, dizziness, weakness, tremor, headache, anxiety, apprehension and nervousness.

**Stay with child until emergency help arrives – position child on left side.**

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL EMERGENCY MEDICAL SERVICES,  
EVEN IF PARENTS CANNOT BE REACHED!**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for my son/daughter to self-administer their Epinephrine as prescribed by his/her physician.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

I give permission for the school nurse (or appropriately trained school personnel) to administer Epinephrine and share allergy information as deemed necessary for my child's health and safety.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*All students must be transported to the hospital by Emergency Medical Services (EMS) after receiving Epinephrine.**

ame \_\_\_\_\_ Phone \_\_\_\_\_ Name \_\_\_\_\_ RM \_\_\_\_\_

ame \_\_\_\_\_ Phone \_\_\_\_\_ Name \_\_\_\_\_ RM \_\_\_\_\_

pinephrine Locations: \_\_\_\_\_ Epinephrine Expiration Date: \_\_\_\_\_

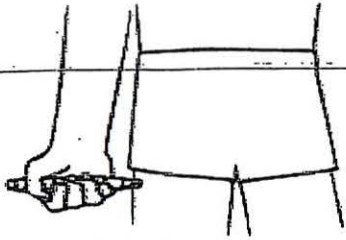
### EpiPen® and EpiPen® Jr. Auto Injector

#### Directions:

- First remove the EpiPen Auto-Injector for the plastic carrying case
- Pull off the BLUE safety release cap



- Hold ORANGE tip near outer thigh (Always apply to thigh).

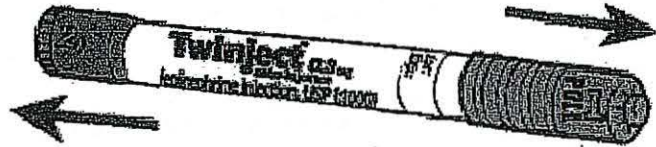


- Swing and firmly push orange tip against outer thigh. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

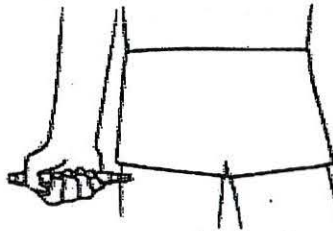
### Twinject® 0.3 mg and Twinject® 0.15 mg

#### Directions:

- Remove caps labeled "1" and "2."



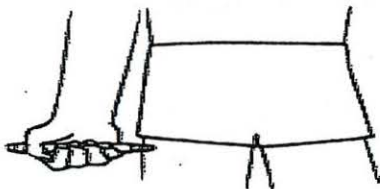
- Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds and then remove. Massage the injection site for 10 seconds.



### Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions



- Remove GREY caps labeled "1" and "2."
- Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove. Massage the injection site.



### Auvi-Q 0.3mg and Auvi-Q 0.15mg

#### Directions:

- \*Pull device from case
- \*Pull off red safety guard
- \*Place black end against outer thigh
- \*Press firmly and hold for 5 seconds.
- \*Needle will retract upon removal.

