

Medication Permission Form for Life-Threatening Allergies

ALLERGY TO: _____

Student's

Name: _____ D.O.B. _____ Teacher _____

Asthmatic: Yes * No *High risk for severe reaction

◆ THIS CHILD'S SIGNS OF AN ALLERGIC REACTION ◆

Systems Symptoms

- MOUTH* itching & swelling of the lips, tongue, or mouth
·THROAT itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
·SKIN hives, itchy rash, and/or swelling about the face or extremities
·GUT nausea, abdominal cramps, vomiting, and/or diarrhea
·LUNG* shortness of breath, repetitive coughing, and/or wheezing
·HEART* "thready" pulse, "passing-out"

The severity of symptoms can quickly change. * All above symptoms can potentially progress to a life-threatening situation.

◆ ACTION FOR MINOR REACTION ◆

If only symptom(s) are: _____, give _____ medications/dose/route

Then call:

- 1. Mother _____, Father _____, or emergency contacts.
2. Dr. _____ at _____

This child may/ may not carry this medication. Name where; school, sports events, out of school activities.

If condition does not improve within 10 OR ___ minutes, follow the steps for "Action for Major Reaction" below:

◆ ACTION FOR MAJOR REACTION ◆

If ingestion is suspected and/or symptom(s) are: _____ give _____ IMMEDIATELY! Medications/dose/route

Then call:

- 1. 911 (ask for advanced life support)
2. Mother _____, Father _____, or emergency contacts.
3. Dr. _____ at _____

This child may/may not carry this medication. Name where; school, sports events, out of school activities. DO NOT HESITATE TO CALL 911!

Physician's Signature Date Parent's signature Date

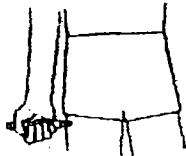
EMERGENCY CONTACTS		TRAINED STAFF MEMBERS	
1.		1.	Room
Relation:	Phone:		
2.		2.	Room
Relation:	Phone:		
3.		3.	Room
Relation:	Phone:		

EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off gray safety cap



2. Place black tip on outer thigh (always apply to thigh)



3. Using a quick motion, press hard into thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and discarded. Massage the injection area for 10 seconds.

For children with multiple food allergies, use one form for each food.

Source: Food Allergy & Anaphylaxis Network. (2001)
<http://www.foodallergy.org/school.html>