



For child who has been diagnosed at risk for Anaphylaxis by a Medical Provider

Child's name:	
Date of birth:	
School:	

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_

- Child has asthma  Yes  No
- Child has had anaphylaxis  Yes  No
- Child may carry medicine  Yes  No
- Child may give him/herself medicine  Yes  No (if child refuses/is unable to self treat, an adult must give medicine)

**IMPORTANT REMINDER!**

**Anaphylaxis is a potentially life-threatening, severe reaction. If in doubt, give epinephrine.**

**For Severe Allergy & Anaphylaxis**

**[ what to look for ]**

If child is having ANY of these symptoms after eating the food or having a sting, **give epinephrine**

- |  |   |
|--|---|
| • Shortness of breath, wheezing, or coughing | • Trouble breathing or swallowing                                   |
| • Skin is pale or has bluish color           | • Swelling of lips or tongue that bother breathing                  |
| • Weak pulse                                 | • Vomiting or diarrhea if severe or combined with other symptoms    |
| • Fainting or dizziness                      | • Many hives or redness over body                                   |
| • Tight or hoarse throat                     | • Feelings of 'doom,' confusion, altered consciousness or agitation |

**SPECIAL SITUATION:** If this box is checked, child has an extreme allergy to an insect sting or the following food(s) \_\_\_\_\_  
Even if the child has MILD symptoms after a sting or eating these foods **give epinephrine**

**[ what to do ]**

- Inject epinephrine right away! Note time when epinephrine given
- Call 911
  - ▶ Ask for ambulance with epinephrine
  - ▶ Tell rescue squad when epinephrine was given
- Stay with child and:
  - ▶ Call parents (who will inform child's doctor)
  - ▶ Give a second dose of epinephrine, if symptoms get worse, continue, or do not improve in 5 minutes
  - ▶ Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his/her side
- Give other medicine if prescribed. Do not use other medicine in place of epinephrine
  - ▶ Antihistamine
  - ▶ Inhaler/bronchodilator

**For Mild Allergic Reaction:**

<b>[ what to look for ]</b>	<b>[ what to do ]</b>
If child has mild symptoms, monitor child Symptoms may include: <ul style="list-style-type: none"> <li>▶ Itchy nose, sneezing, dry mouth</li> <li>▶ A few hives</li> <li>▶ Mild stomach nausea or discomfort</li> </ul>	Stay with child and: <ul style="list-style-type: none"> <li>▶ Watch child closely</li> <li>▶ Give antihistamine (if prescribed)</li> <li>▶ Call parent (they will inform child's doctor)</li> <li>▶ If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See 'For Severe Allergy &amp; Anaphylaxis')</li> </ul>

**Medicine/Doses**

Epinephrine, intramuscular (list type): [ _____ ]	Dose: <input type="checkbox"/> 0.15mg <input type="checkbox"/> 0.30mg (weigh more than 25kg)
Antihistamine, by mouth (type and dose): [ _____ ]	
Other (for example, inhaler/bronchodilator if child has asthma): [ _____ ]	

<b>Parent/Guardian Authorization Signature</b>	<b>Date</b>	<b>Physician/HCP Authorization Signature</b>	<b>Date</b>
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**Student Name**

**Additional Instructions:**

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**Contacts**

Doctor:	
Parent/Guardian:	
Parent/Guardian:	
<b>Other Emergency Contacts:</b>	
Name/Relationship	
Name/Relationship	

<b>Mail to:</b>	Health Office, Pulaski Community School District, 2007 County Road U, Green Bay, WI 54313
<b>Fax to:</b>	(920) 865-6402

**THIS SECTION TO BE REVIEWED & COMPLETED BY PARENT OR GUARDIAN**

I understand this medical information may be shared with school personnel and 911 responders for the safety of my child
I understand that medications(s) may be administered by non-licensed school personnel who have received medication training.
I understand that the permission to possess and self administer epinephrine may be revoked by the school nurse or principal if it is determined that my child is not safely and effectively able to self-administer emergency medication(s).
I authorize the school nurse to exchange information verbally or in writing with the prescribing provider regarding this medication or the conditions for which it is prescribed.
My signature indicates that I have fully read and understand the information contained in this form.

My child has demonstrated to a licensed health care provider the skill necessary to use the prescribed emergency medication and any device necessary to self-administer medication. I hereby authorize my child to self-carry and/or self administer their medication <input type="checkbox"/> Yes <input type="checkbox"/> No
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► Sign Here ...

<b>Parent/Guardian Authorization Signature</b>	<b>Date</b>

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**Notification of Change in my Child's Health Status**

Please complete this portion and return to school if your child's health status has changed and he/she does not require an Allergy & Anaphylaxis Emergency Plan.

**Food Allergy:**

<input type="checkbox"/>	My child has a food intolerance. He/she does not have a diagnosed food allergy at risk for anaphylaxis.
<input type="checkbox"/>	My child no longer has a food allergy. He/she does not require an Allergy & Anaphylaxis Emergency Plan.
<input type="checkbox"/>	Please contact me. I would like to schedule a time to meet with the school nurse.

There is a very serious difference between being intolerant to food and having a food allergy. Eating a food that you are intolerant to can make you feel miserable. However, if you have a true food allergy, your body's reaction to this food could be life-threatening

**Stinging Insect Allergy:**

<input type="checkbox"/>	My child has not been diagnosed at risk for Anaphylaxis by a Medical Provider.
<input type="checkbox"/>	Please contact me. I would like to make an appointment to meet with the school nurse.

**Your child's doctor will tell you to do what's best for your child. This information should not take the place of talking with your child's doctor**