



Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SS#: \_\_\_\_\_

Campus: \_\_\_\_\_

Grade: \_\_\_\_\_

Homeroom: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergy/Asthma: \_\_\_\_\_ Reaction (Describe): \_\_\_\_\_

Circle One:

- Mouth itching & swelling of the lips, tongue, or mouth
- Throat itching and/or a sense of tightness in the throat, hoarseness, hacking cough
- Skin hives, itchy rash, and/or swelling about the face or extremities
- Stomach nausea, abdominal pain, vomiting, and/or diarrhea
- Chest short of breath, coughing, and/or wheezing
- Heart weak pulse, passing out

Any of the above symptoms can potentially progress to a life-threatening situation!! Symptoms can change quickly.

Physicians, Please circle the symptom above that potentially will require the use of the Epi-Pen.

Physician's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Office phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_

**Emergency Protocol:**

1. If child is stung or ingests food that causes allergy and has symptoms of a reaction, give:

Medication \_\_\_\_\_

Dose/route \_\_\_\_\_

2. **Call 911** – request epinephrine and assistance
3. **Call** parent/guardian/emergency contact
4. **Do not hesitate** to give medication or to call 911 even if parent cannot be reached!

**DIRECTIONS FOR USING EPIPEN® AUTO-INJECTOR**

1. Pull off gray safety cap (illustration 1).
2. Place black tip on thigh, at right angle to leg (illustration 2). (Always apply to thigh.)
3. **Using a quick motion**, press hard into thigh until auto-injector mechanism functions, and hold in place for several seconds. The EpiPen unit should then be removed and discarded. Massage the injection area for 10 seconds.

