SEVERE ALLERGY INFORMATION/AUTHORIZATION
EMERGENCY MEDICAL PLAN
GRACE LUTHERAN SCHOOL

Child's Name_____ Grade:_____ School Year:_____

Date of birth:_____

Severe allergies to:

- ☐ Peanuts
- ☐ All nuts from trees (pecans, walnuts, etc.)
- ☐ Eggs
- ☐ Wheat
- ☐ Soy
- ☐ Milk
- ☐ Shellfish
- ☐ Bee stings
- ☐ Other: (indicate)_____

The following action must be taken **immediately.**

STEP 1: Determine how to treat reaction promptly.

Symptoms:	**Give Checked Medication**** **(To be determined by physician authorizing treatment)
☐ If a food allergen has been ingested, but *no symptoms*	☐ Epinephrine ☐ Antihistamine
☐ Mouth: Itching, tingling, or swelling of lips, tongue, mouth	☐ Epinephrine ☐ Antihistamine
☐ Skin: Hives, itchy rash, swelling of the face or extremities	☐ Epinephrine ☐ Antihistamine
☐ Stomach: Nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine ☐ Antihistamine
☐ Throat: Tightening of throat, hoarseness, hacking cough	☐ Epinephrine ☐ Antihistamine
☐ Lungs: Shortness of breath, repetitive coughing, wheezing	☐ Epinephrine ☐ Antihistamine
☐ Heart: Weak or thread pulse, low blood pressure, fainting, pale, blueness	☐ Epinephrine ☐ Antihistamine
☐ Other: _____	☐ Epinephrine ☐ Antihistamine
☐ If reaction is progressing (several of the above areas affected) give:_____	☐ Epinephrine ☐ Antihistamine

DOSAGE

Epinephrine: Inject intramuscularly (circle one) EpiPEN® EpiPEN Jr® Twinject® 0.3mg Twinject® 0.15mg

Antihistamine:

Give_____
Medication/dose/route

Other: give_____
Medication/dose/route

STEP 2: Call 911 if epinephrine given or other signs of life-threatening symptoms are present.

Emergency Contact Information:

Mother	Emergency cell phone:	(_____)_____-_____
	Home Telephone	(_____)_____-_____
	Work Telephone	(_____)_____-_____
Father	Emergency cell phone:	(_____)_____-_____
	Home Telephone	(_____)_____-_____
	Work Telephone	(_____)_____-_____

EVEN IF PARTEN/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

SCHOOL PROCEDURE in case of insect bite or sting or substance exposure

1. The epinephrine will be used in accordance with physician instructions and signed parent/guardian consent.
2. For a systemic reaction, 911 (EMS/Rescue Squad) will be called immediately.
3. For a mild or severe local reaction, first aid will be administered immediately.
4. Parent/guardian will be notified as soon as possible using the above phone numbers.

AS PARENT/GUARDIAN

1. I will provide the medication or epinephrine labeled with child's name and physician's name.
2. I will contact school if medication, treatment, or phone numbers change during the school year.
3. I understand and agree with the stated emergency procedure.

Parent/Guardian's Signature:_____
Date:_____

Doctor's Signature:_____
Date:_____