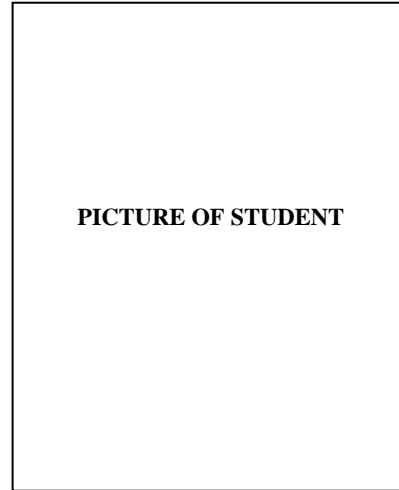




ANAPHYLACTIC EMERGENCY ALERT FORM EPI-PEN® ONLY

Name _____
Address _____

Home Telephone _____
Emergency Phone _____
Parent/Guardian Work Phone _____
Parent/Guardian Work Phone _____
Teacher _____
Class/Grade _____
Health Card# _____
Physician _____
Physicians Telephone _____



Allergy-Description: This child has a **DANGEROUS**, life threatening allergy to the following items and to all foods containing them in any form in any amount;

Eating Rules (List eating rules for child, if any, in this space)

Possible Symptoms:

- Flushed face, hives, swelling or itchy lips, tongue, eyes
- Difficulty breathing or swallowing, wheezing, coughing, choking
- Dizziness, unsteadiness, sudden fatigue, rapid heartbeat
- Tightness in throat, mouth, chest
- Vomiting, nausea, diarrhea, stomach pains
- Loss of consciousness

Action – Emergency Plan At any sign of difficulty (e.g. hives, swelling, difficulty breathing): Use Epi-Pen® immediately.

Have someone call an ambulance to advise the dispatcher that the child is having an anaphylactic reaction. If ambulance has not arrived in 15-20 minutes and symptoms reappear or become worse, give a second Epi-Pen®. **Even** if symptoms subside entirely, this child **must** be taken to a hospital immediately.

Epi-Pens® are kept in the classroom, front office and with the student.