

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

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

Weight: \_\_\_\_\_ kg.

**Asthma:** [ ] Yes (higher risk for a severe reaction) [ ] No

**STUDENT'S  
PHOTO  
c/o ISM**

**For a suspected or active food allergy reaction:**

FOR ANY OF THE FOLLOWING  
**SEVERE SYMPTOMS**

[ ] If checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.



**LUNG**

Short of breath, wheezing, repetitive cough



**HEART**

Pale, blue, faint, weak pulse, dizzy



**THROAT**

Tight, hoarse, trouble breathing/ swallowing



**MOUTH**

Significant swelling of the tongue and/or lips



**SKIN**

Many hives over body, widespread redness



**GUT**

Repetitive vomiting or severe diarrhea



**OTHER**

Feeling something bad is about to happen, anxiety, confusion

**OR A COMBINATION** of mild or severe symptoms from different body areas.

**NOTE:** Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. **Use Epinephrine.**

1. **INJECT EPINEPHRINE IMMEDIATELY.**

2. **Call 911.** Request ambulance with epinephrine.

- Consider giving additional medications (following or with the epinephrine):
  - » Antihistamine
  - » Inhaler (bronchodilator) if asthma
- Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.

**NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.**

**MILD SYMPTOMS**

[ ] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.



**NOSE**

Itchy/runny nose, sneezing



**MOUTH**

Itchy mouth



**SKIN**

A few hives, mild itch



**GUT**

Mild nausea/discomfort



1. **GIVE ANTIHISTAMINES, IF ORDERED BY PHYSICIAN**
2. Stay with student; alert emergency contacts.
3. Watch student closely for changes. If symptoms worsen, **GIVE EPINEPHRINE.**

**MEDICATIONS/DOSES**

Epinephrine Brand: \_\_\_\_\_

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if asthmatic): \_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

CLINIC ADMINISTRATOR AUTHORIZATION SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Emergency contact numbers:**

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

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

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

**History:**

\_\_\_\_\_  
\_\_\_\_\_

Date of First Diagnosis: \_\_\_\_\_

**Please check allergens below:**

Peanuts	<input type="checkbox"/>	Fish	<input type="checkbox"/>
Treenuts	<input type="checkbox"/>	Shellfish	<input type="checkbox"/>
Egg	<input type="checkbox"/>	Soy	<input type="checkbox"/>
Wheat	<input type="checkbox"/>	Dairy	<input type="checkbox"/>

**Others, please specify:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What does the student eat in school:**

Home-cooked Food

Canteen Food

Reaction to food allergen: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of exposures with allergic reaction: \_\_\_\_\_

Did symptoms aggravate? \_\_\_\_\_

\_\_\_\_\_

**For Elementary School students only – where is the AAI (Adrenaline Auto-Injector kept:**

In the classroom

In the student's bag

Remarks: \_\_\_\_\_

\_\_\_\_\_