

# EMERGENCY ALLERGY ALERT FORM

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

\_\_\_\_\_  
**Name of Child:**

\_\_\_\_\_  
D.O.B

\_\_\_\_\_  
Homeroom

\_\_\_\_\_  
Homeroom Teacher

**Allergy Description:**

This child has a DANGEROUS, life threatening Allergy to the following foods or conditions: Please Describe and or list here.

Paste Picture Here

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
And all foods containing them in any form in any Amount, including the following kinds of items:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Location of EPIPEN'S \_\_\_\_\_

**This child also has asthma. Yes \_\_\_\_\_ No \_\_\_\_\_ and uses an inhaler \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Eating requests / Rules:**

List eating rules for your child in this space, if there are any.

**Possible symptoms and Treatment: STEP ONE**

**Symptoms**

If a food allergen has been ingested, but no symptoms

Mouth --- Itching, tingling, swelling of lips, tongue, or mouth

Skin --- Hives, itchy rash, swelling of the face or extremities, flushed face

Gut --- Nausea, abdominal cramps, vomiting, diarrhea

Throat --- Tightening of the throat, hoarseness, hacking cough, choking, difficulty swallowing

Lung --- Shortness of breath, repetitive coughing and or wheezing

Heart --- Thready pulse, fainting, pale in color, blueness, rapid heartbeat, dizziness, sudden fatigue, tightness in chest

Other \_\_\_\_\_

**Give checked Medication**

\_\_\_\_ Epipen      \_\_\_\_ Antihistamine

\_\_\_\_ Epipen      \_\_\_\_ Antihistamine

\_\_\_\_ Epipen      \_\_\_\_ Antihistamine

\_\_\_\_ Epipen      \_\_\_\_ Antihistamine

\_\_\_\_ Epipen      \_\_\_\_ Antihistamine

\_\_\_\_ Epipen      \_\_\_\_ Antihistamine

\_\_\_\_ Epipen      \_\_\_\_ Antihistamine

\_\_\_\_ Epipen      \_\_\_\_ Antihistamine

**If this child comes to the office complaining of flu type symptoms, please evaluate the case immediately and use the best judgment as to needing to use the epipen or call home.**

**The severity of symptoms can quickly change. Some may be potentially life threatening.**

**Emergency calls: Step TWO**

1. Call 911 or Rescue Squad \_\_\_\_\_. State that an allergic reaction has been treated and additional epinephrine may be needed. If the ambulance has not arrived in 10-15 minutes and breathing difficulties are present, (wheeze, cough, throat clearing) give a second EpiPen if available. **Even if symptoms subside entirely, this child must be taken to the hospital immediately.**
  
2. Call Emergency contacts:

Name	Phone	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
  
3. Call Doctor \_\_\_\_\_ at \_\_\_\_\_

**NOTE: Separate the child and watch him or her closely.  
Be prepared to administer the EpiPen at any sign of an allergic reaction.  
If EpiPen is administered, transport to the hospital immediately.**

**THE KEY TO PREVENTING AN EMERGENCY IS ABSOLUTE AVOIDANCE of these foods at all times. The EPIPEN kit, must be accessible (i.e. on school premises or on person if away from school) for the child to be allowed to eat any foods.**

**Parent and Doctor signatures required:**

**Do not hesitate to administer medication or call the Rescue Squad even if the parents or doctor cannot be reached.**

\_\_\_\_\_  
Parent/Guardian signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor signature \_\_\_\_\_  
Date

\_\_\_\_\_ I would like my child to sit at a separate table where children with food allergies would eat together.

\_\_\_\_\_ I would like my child to sit with his or her class but at a designated end spot at the table so that the other children and supervisors are aware of who may have an allergy.