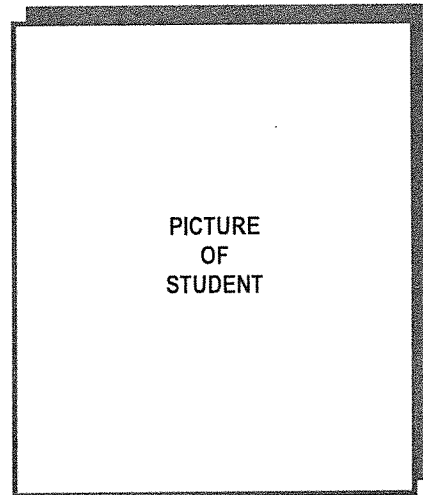


APPENDIX B

EMERGENCY ALLERGY ALERT FORM
EPI-PEN®/ALLERJECT® ONLY

NAME _____
ADDRESS _____

HOME TELEPHONE _____
EMERGENCY PHONE _____
PARENT/GUARDIAN WORK PHONE _____
PARENT/GUARDIAN WORK PHONE _____
TEACHER _____
CLASS _____ ROOM # _____
HEALTH CARD # _____
PHYSICIAN _____
PHYSICIAN'S 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;

AVOIDANCE: The key to preventing an emergency is **ABSOLUTE AVOIDANCE** of these foods at all times. **WITHOUT AN EPI-PEN®/ALLERJECT® THIS CHILD MUST NOT BE ALLOWED TO EAT ANYTHING.**

EATING RULES: *(List eating rules for child, if any, in this space)*

POSSIBLE SYMPTOMS:

- | | |
|--|--|
| <input type="checkbox"/> Flushed face, hives, swelling or itchy lips, tongue, eyes | <input type="checkbox"/> Tightness in throat, mouth, and chest |
| <input type="checkbox"/> Difficulty breathing or swallowing, wheezing, coughing, choking | <input type="checkbox"/> Vomiting, nausea, diarrhea, stomach pains |
| <input type="checkbox"/> Dizziness, unsteadiness, sudden fatigue, rapid heartbeat | <input type="checkbox"/> Loss of consciousness |

ACTION - EMERGENCY PLAN: At any sign of difficulty (e.g. hives, swelling, difficulty breathing):

- Use EPI-PEN®/ALLERJECT® 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®/ALLERJECT®
 - Even if symptoms subside entirely, this child **must** be taken to a hospital immediately.
- EPI-PENS®/ALLERJECTS® are kept in _____ Classroom/ lunchroom /staff room/ office/with student