SEVERE ALLERGIES RESOURCE PACKAGE - SEVERE ALLERGY ALERT FORM

TO BE COMPLETED BY PARENT OR GUARDIAN
TO BE POSTED FOLLOWING PARENT/GUARDIAN CONSENT

Place student's photo here

Student's Name _____

ALLERGY – DESCRIPTION
This student has a **DANGEROUS**, life-threatening allergy to the following:

_____
_____
_____

And all substances containing them in any form or amount, including the following kinds of items:

_____
_____
_____

AVOIDANCE
The key to preventing an emergency is **ABSOLUTE AVOIDANCE** of these allergens at all times.

GENERAL PRECAUTIONS

_____
_____
_____

SYMPTOMS FOLLOWING EXPOSURE TO A PARTICULAR MATERIAL CAN INCLUDE:

• Hives and itchiness on any part of the body	• Swelling of any body parts, especially eyelids, lips, face or tongue
• Nausea, vomiting, diarrhea	• Coughing, wheezing or change of voice
• Difficulty breathing or swallowing	• Fainting or loss of consciousness
• Panic or sense of doom	• Other, please specify _____
• Throat tightness or closing	

EMERGENCY MEASURES

- Get EpiPen® (epinephrine) or other Medication and administer immediately.
- **HAVE SOMEONE CALL AN AMBULANCE** and advise of need for an EpiPen ® (epinephrine).
- Unless student is resisting, lay student down, tilt head back and elevate legs.
- Cover and reassure student.
- Record the time at which **EpiPen ®** (epinephrine) was administered.
- Have someone call the parent.
- If the ambulance has not arrived in 10-15 minutes, and breathing difficulties are present, administer a second
  EpiPen ® (epinephrine).
- Even is symptoms subside, students require medical attention because there may be a delayed reaction, take the student to hospital immediately in the ambulance.
- Have the parent/guardian or a school staff member accompany the student to the hospital.
- Provide ambulance and/or hospital personnel with a copy of the Severe Allergy Alert Form for the student and the time at which the **EpiPen ®** (epinephrine) or **Medication** was administered.

I agree that the school may post my student's picture, take the Emergency Measures and that this information will be shared, as necessary, with the staff f the school and health care providers.

_____ _____
Date Parent/Guardian Signature

POST IN APPROPRIATE LOCATIONS WITHIN THE SCHOOL