

EMERGENCY ALLERGY ALERT FORM 2010/2011

For additional forms please go to www.beitrayim.org

Name _____

ALLERGY – DESCRIPTION

This child has a **DANGEROUS**, life threatening allergy to the following foods: _____

and all foods containing them in any form in any amount, including the following kinds of items

_____.

Put child's photo here

AVOIDANCE

The key to preventing an emergency is **ABSOLUTE AVOIDANCE** of these foods at all times. **WITHOUT EPIPEN/ANA-KIT, THIS CHILD MUST NOT BE ALLOWED TO EAT ANYTHING.**

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

POSSIBLE SYMPTOMS (underline those applicable)

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

ACTION – EMERGENCY PLAN

- Use EpiPen® /Ana-Kit® immediately!
- **HAVE SOMEONE CALL AN AMBULANCE** and advise the dispatcher that a child is having an anaphylactic reaction.
- If ambulance has not arrived in 10-15 minutes and breathing difficulties are present (eg. Wheeze, cough, throat clearing), give a second EpiPen® if available.
- Even if symptoms subside entirely, this child must be taken to hospital immediately.
- EpiPens®/Ana-Kit® are kept _____.

Doctor/Date

Parent/Date

**CONSENT FORM FOR ADMINISTRATION OF
EPIPEN®-ANA-KIT®**

Date _____

Name of Principal _____

Name of School _____

Address of School _____

Dear _____,

Re: _____
(Name of Student)

We are writing to request that epinephrine _____ and _____
(EpiPen® /Ana-Kit®) (brand of antihistamine)

be administered to _____ in the event of an anaphylactic
(Name of Student)
medical emergency.

(Types of allergen(s))

must be avoided as ingestion in any form could be fatal. All emergency procedures are outlined on the EMERGENCY ALLERGY ALERT FORM.

We appreciate very much your cooperation and understanding in this matter.

Sincerely,

Doctor/Date

Parent/Date