

EMERGENCY ALLERGY ALERT FORM

Protocol I

FOR USE IN:
Classroom
Lunchroom
Staff Room
Office
Fanny Pack

NAME

• **ALLERGY DESCRIPTION**

The 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 _____

Place 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

- 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 of **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 (wheezing, cough, throat clearing, etc.) 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 Handbook
05MAY2016

Parent/Date