

EPI PEN or Other Emergency HEALTH INFORMATION ALERT

To Be Completed by Parents

Attach most recent photo (head shot) below. This photo helps staff to identify your child.

Your Child's Name (first/last & nickname)	
Birth date and Current Age:	
Classroom Teacher:	

HEALTH ALERT: <i>Circle those that apply.</i>	NUT ALLERGY	MILK ALLERGY	BEE ALLERGY	LATEX ALLERGY	Other:
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Number of EPI Pens provided to school for emergency use:	# of pens:
Should your EPI PEN go with child on field trips? Yes or No.	

**Note: There are 2 sets of state mandated Epi Pens in the office. These epi-pens are for use with students who have a previously undiagnosed emergency reaction on school premises. These epi-pens do not leave school property.*

Where should the EPI PEN be stored?	Office	Classroom	Lunchroom	With the child at all times (parent must provide carrying case)
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NUT Allergy Information	Yes or No
Do you want your child to sit at a nut safe table in the lunchroom? (This table is for students who have nut safe foods only.)	
Do you want your child's teacher to send home a nut safe snack letter to all parents in the class? If the answer is yes, please provide information to teacher.	

EMERGENCY CONTACT INFORMATION

Family Member	Provide All Numbers (Cell, Work, Home)
Parent 1 Name:	
Parent 2 Name:	
Other Family Member: Name:	

Emergency Protocol for an Anaphylaxis Reaction:

If your child informs us that s/he believes that s/he is having a SEVERE reaction or if we observe that your child is demonstrating severe physical symptoms, we will:

1. Examine your child for difficulty breathing, hives and other severe physical reactions related to their condition.
2. Two-way the office to alert them to the exposure.
3. Locate the EPI-PEN (if this is part of the protocol).
4. Administer the EPI-PEN (if this is part of the protocol).
5. Call 911.
6. Contact parents.

If you child is having a MILD reaction as a result of exposure, we will:

1. Examine your child for the symptoms.
2. Contact parents.
3. Administer benadryl and/or other supplementary medications (if these has been provided by the parent and we are instructed to administer these).

***ATTACH ADDITIONAL EMERGENCY PROTOCOL THAT
IS SPECIFIC TO YOUR CHILD'S HEALTH CONDITION.***

