## **EPI PEN or Other Emergency HEALTH INFORMATION ALERT**

To Be Completed by Parents

	recent photo (head nelps staff to identi		Your Child's Name (first/last & nickname)					
				Birth date and Curren Age	t			
			8	Classroon Teacher				
HEALTH ALERT: Circle those that apply.	NUT ALLERGY	MILK ALLERG	BEE A	ALLERGY	LATE ALLER		Other:	_
	I Pens provide					# of	pens:	_
Note: There are 2	Sets of state manda nosed emergency r	ated Epi Pens in	the office.	These epi-pe	ens are for u			е
Where should the EPI PEN b stored?	-	Cla	assroom	Lui	nchroom	all r	ith the child at times (parent must provide arrying case)	
	NUT Alle	ergy Informa	ation			Y	es or No	
	o you want your child to sit at a nut safe table in the lunchroom? (This table is for tudents who have nut safe foods only.)							
	child's teacher to se nswer is yes, pleas				arents in			

## **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.