



School District of Tomorrow River  
**HEALTH SERVICES**

Heather Schultz, School Nurse

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<b>Student's Name:</b>	
<b>School Attending:</b>	<b>Grade:</b>
<b>Date:</b>	<b>Bus Student: Yes (Bus No: _____) No</b>

**Health Condition: Food Allergy –**

**Special Instructions:**

**Signs/Symptoms of an allergic reaction:**

**Give Checked Medication\*\*:**

\*\* (To be determined by physician authorizing treatment)

If a food allergen has been ingested, but no symptoms:

- Mouth: Itching, tingling, or swelling of lips, tongue, mouth
- Skin: Hives, itchy rash, swelling of the face or extremities
- Gut: Nausea, abdominal cramps, vomiting, diarrhea
- Throat†: Tightening of throat, hoarseness, hacking cough
- Lung†: Shortness of breath, repetitive coughing, wheezing
- Heart†: Thready pulse, low blood pressure, fainting, pale, blue
- Other†: \_\_\_\_\_

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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If reaction is progressing (several of the above areas affected), give  
The severity of symptoms can quickly change. †Potentially life-threatening.

**DOSAGE**

**Epinephrine:** Inject intramuscularly, per training. (circle one)

EpiPen®      EpiPen® Jr.      Twinject™ 0.3 mg      Twinject™ 0.15 mg

**Antihistamine:** give: medication/dose/route \_\_\_\_\_

**Other:** give: medication/dose/route \_\_\_\_\_

**IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.**

**EMERGENCY CALLS**

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr. \_\_\_\_\_ at \_\_\_\_\_
3. Emergency contact: Name/Number/Relationship to student  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

\_\_\_\_ Yes    \_\_\_\_ No    **Authorization is hereby granted to release this information to appropriate school personnel and classroom teachers.**

<b>Parent's Signature:</b>	<b>Date:</b>
<b>School Nurse Signature:</b>	<b>Date:</b>