MTJB ANAPHYLACTIC EMERGENCY PLAN:

(NAME)

THIS CHILD HAS A POTENTIALLY LIFE-THR	EATENING ALLERGY (ANAPHYLA	XIS) TO: CHECK ALL THAT APPLY
PEANUT TREE NUTS EGG	MILK INSECT STIN	G:
OTHER: MEDICATI	ON:	
ASTHMA: MILD	ASTHMA: HIGH RISK FOR SEVERE REACT	TION
SIGNS AND SYMPTOMS		
SKIN HIVES SWELLING TONGUE, LIPS, FACE	ITCHY THROAT REDNESS/HOT	
BREATHING COUGHING WHEEZING SHORTNESS OF BREATH	CHEST PAIN/ THROAT TIGHTNESS TIGHTNESS	РНОТО
NASAL CONGESTION: RUNNY NOSE, WATERY EYES, SNEEZING, ITCHY NOSE	HOARSE VOICE TROUBLE SWOLLOWING	
GASTRO NAUSEA CRAMPS/PAIN VOMITING	DIARRHEA	
HEART PALE SKIN WEAK PULSE DIZZINESS	PASS OUT SHOCK	
OTHER: ANXIETY HEADACHE METALLIC TASTE	FEELING OF "IMPENDING DOOM"	THIS CHILD HAS AN EPI-PEN THE EPI-PEN IS WORN BY THE CHILD THE EPI-PEN IS ON SITE
ACT QUICKLY! THE FIRST SIGNS OF A REAC	CTION CAN BE MILD; SYMPTOMS	CAN GET WORSE VERY QUICKLY.
ANAPHYLATIC EMERGENCY PLAN: Expiry Date of Epi-Pen: Epi-Pen Jr. 0.15 mg Epi-Pen 0.30 mg		
EMERG	ENCY CONTACT INFORMATION	
NAME RELATIONSH	IP NUMBER TO CALL	ALTERNATE NUMBER TO CALL
The undersigned parent/guardian authorizes any	adult to administer epinephrine to th	ne above-named person in the event of

an anaphylactic reaction, as described above. The protocol has been discussed with a medical professional.

Date:

Parent/Guardian