

MTJB ANAPHYLACTIC EMERGENCY PLAN:

(NAME) _____

THIS CHILD HAS A POTENTIALLY LIFE-THREATENING ALLERGY (ANAPHYLAXIS) TO: CHECK ALL THAT APPLY

PEANUT TREE NUTS EGG MILK INSECT STING: _____
 LATEX MEDICATION: _____
 OTHER: _____
 ASTHMA: MILD ASTHMA: HIGH RISK FOR SEVERE REACTION

SIGNS AND SYMPTOMS

SKIN

HIVES SWELLING TONGUE, LIPS, FACE ITCHING SKIN ITCHY THROAT REDNESS/HOT

BREATHING

COUGHING WHEEZING SHORTNESS OF BREATH CHEST PAIN/TIGHTNESS THROAT TIGHTNESS
 NASAL CONGESTION: RUNNY NOSE, WATERY EYES, SNEEZING, ITCHY NOSE HOARSE VOICE TROUBLE SWALLOWING

GASTRO

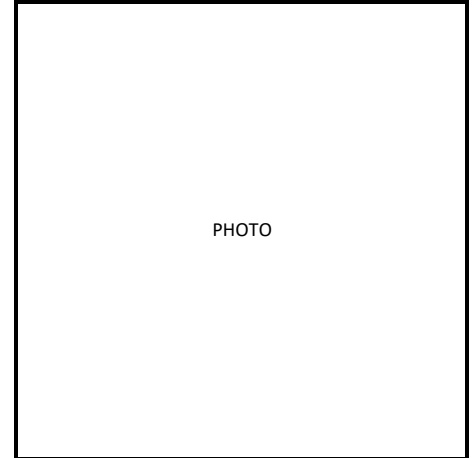
NAUSEA CRAMPS/PAIN VOMITING DIARRHEA

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 REACTION CAN BE MILD; SYMPTOMS CAN GET WORSE VERY QUICKLY.

ANAPHYLACTIC EMERGENCY PLAN:

Expiry Date of Epi-Pen: _____ Epi-Pen Jr. 0.15 mg Epi-Pen 0.30 mg

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP	NUMBER TO CALL	ALTERNATE NUMBER TO CALL

The undersigned parent/guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. The protocol has been discussed with a medical professional.

Parent/Guardian _____

Date: _____