MTJB ANAPHYLAXIS EMERGENCY PLAN

CHILD’S NAME: CHILD’S PHOTO: 

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

PEANUT TREE NUTS EGG MILK LATEX

ASTHMA: MILD ASTHMA: HIGH RISK FOR SEVERE REACTION

INSECT STING:

MEDICATION:

OTHER:

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 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:** YES NO

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.**

ANAPHYLAXIS EMERGENCY PLAN:

Expiry Date of Epi-Pen:

Epi-Pen Jr. 0.15 mg

Epi-Pen 0.30 mg

Other Comments:

EMERGENCY CONTACT INFORMATION:

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: | RELATIONSHIP: | NUMBER TO CALL: | ALTERNATE NUMBER: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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: