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: