

**ALLERGY TREATMENT PLAN AND
 AUTHORIZATION FOR ADMINISTRATION OF MEDICATION FOR ANAPHYLAXIS
 FOR USE BY CHILDCARE PROVIDERS, SCHOOLS, PRESCHOOLS, & CAMPS**

Child's Name _____ Date of Birth _____

Address _____ Phone _____

Physician's Name _____ Primary Care M.D. _____

ASTHMA Yes No Allergy To _____

IF INGESTION, CONTACT OR INSECT STING IS WITNESSED OR SUSPECTED CAREGIVER SHOULD:

___ Administer Adrenalin BEFORE symptoms occur EpiPen Jr ___ Adult ___ Auvi Q ___ mg Other Rx _____

___ Administer Adrenalin IF symptoms occur EpiPen Jr ___ Adult ___ Auvi Q ___ mg Other _____

___ Administer Benadryl dose _____ or Atarax dose _____

___ Administer _____ For _____

___ Call 911 Transport to Emergency Room if symptoms occur and/or adrenalin is administered

**The severity of symptoms can change quickly.
 All symptoms of anaphylaxis can progress to
 a potentially life-threatening situation**

 Physician's signature Today's Date

Is this a controlled drug yes no Time of administration _____

Medication shall be administered during year _____

Relevant side effects to be observed, in any _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self administration of medication may be authorized by practitioner and parent/guardian and must be approved by facility/school nurse in accordance with facility/school board policy.

Prescriber's authorization for self administration Yes No _____
 Signature and Date

Parent's authorization for self administration Yes No _____
 Signature and Date

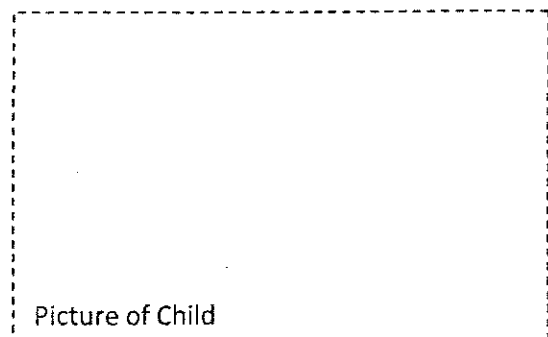
Nurse's approval for self administration of meds Yes No _____
 Signature and Date

I HAVE RECEIVED, REVIEWED, AND UNDERSTAND THE ABOVE INFORMATION _____

Parent/Guardian Signature

SYMPTOMS OF ANAPHYLAXIS

- Chest tightness, cough, shortness of breath, wheezing
- Tightness in throat, difficulty swallowing, hoarseness
- Swelling of lips, tongue, throat
- Itchy mouth, throat, skin
- Hives or swelling
- Stomach cramps, vomiting, diarrhea
- Dizziness, faintness, passing out



Renewal Date: _____

Initials: _____