

AUTHORIZATION OF EMERGENCY TREATMENT

Place
Child's
Picture
Here

_____ is allergic to the following foods (or insect):

_____. Accidental ingestion (or sting) could lead to a severe anaphylactic reaction. Early signs of an anaphylactic reaction include the following symptoms:

- MOUTH- itching & swelling of the lips, tongue, or mouth
- THROAT- itching and/or a sense of tightness in the throat, hoarseness, and "hacking" cough
- SKIN- hives, itchy rash, and/or swelling about the face or extremities
- GUT- nausea, abdominal cramps, vomiting, and/or diarrhea
- LUNG- shortness of breath, repetitive coughing, and/or wheezing
- HEART- "thready" pulse, "passing-out"

If an accidental ingestion (or bee sting) is suspected, give _____ liquid diphenhydramine (Benadryl™), _____ cc (_____ mg) by mouth immediately. IF ANY THROAT, LUNG, OR HEART SYMPTOMS DEVELOP, GIVE EPINEPHRINE [Epi-Pen JR. (_____ mg)] immediately, and transport to the nearest medical facility.

Ambulance service & phone number: _____

State that the child has had a severe allergic reaction, and additional epinephrine doses may be needed.

Hospital & phone number: _____

If symptoms develop in two or more of the above systems, give epinephrine.

Notify _____ at _____ of the reaction.

Dr. _____ should be called at _____ regarding the reaction and/or any questions. **DO NOT HESITATE TO ADMINISTER MEDICATION OR TAKE THE CHILD TO A MEDICAL FACILITY EVEN IF PARENTS CANNOT BE REACHED!**

_____, M.D.

Physician's signature

Date: _____

Parent's signature