Weight: ________________lbs.  Asthma: [ ] Yes (higher risk for a severe reaction) [ ] No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: ____________________________________________ THEREFORE:

[ ] If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.
[ ] If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:

**SEVERE SYMPTOMS**

- **LUNG**
  - Short of Breath,
  - Wheezing,
  - Repetitive cough

- **HEART**
  - Pale, Blue, Faint
  - Weak pulse, dizzy

- **THROAT**
  - Tight, hoarse,
  - Trouble breathing/swallow

- **MOUTH**
  - Significant swelling
  - Tongue/and or lips

OR A COMBINATION of symptoms from different body areas

**SKIN**

- Many hives over
- Body, widespread
- Redness

**GUT**

- Repetitive vomiting
- Severe diarrhea

**OTHER**

- Feeling of doom,
- Anxiety, confusion

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

**MEDICATIONS/DOSES**

Epinephrine Brand or Generic: __________________________

Epinephrine Dose: [ ] 0.15 mg IM  [ ] 0.3 mg IM

Antihistamine: __________________________

Other (e.g., inhaler-bronchodilator if wheezing): __________________________

Student May Self Administer: ( ) Yes  ( ) No