Authorization for Emergency Care
Of Children with Severe Allergies

This information pertains to the 20_____ - 20_____ academic year.

Part I – TO BE COMPLETED BY PHYSICIAN (Please Print)

Child's Name: ___________________________ Birthdate: ________________

Allergens:

Please provide a complete list of all events and/or substances that may trigger a severe allergic reaction (i.e: anaphylactic shock).

_____ Bee sting
_____ not sure, never been stung _____ been stung # ____ times

_____ Other Insect Bite(s), be specific: ____________________________________

_____ Animal fur, be specific: ____

_____ Food Allergy, specify **ALL** foods that must be avoided
____
____
____
____

_____ Other: ____

Symptoms:

Please provide a complete list of all symptoms that indicate the child has come in contact with an allergen and that he or she requires emergency treatment

_____ Shortness of breath or difficulty breathing

_____ Swelling of the face and/or lips

_____ Hives

_____ Vomiting

_____ Diarrhea

_____ Other ____

OVER

Child's Name: _______________________________

Procedures:

Please indicate all the necessary **steps in the order they should be taken** ***(number the steps in the correct order)***

_____ Give Benadryl: _______mL orally when the child shows (list symptoms) ____
____

_____ Administer EpiPen Jr. and/ or inhaler when the child shows (list symptoms)____
____

*****List specific, step by step instructions for administration of EpiPen and/or inhaler (more detailed than "Give as directed").
____
____
____
____

_____ Call 911

_____ Call parent(s)/guardian(s). List **ALL** possible contact numbers in the order we should try calling, indicating home/cell/pager and mom/dad/relative
____
____
____
____
____
____

_____ Other ____

Recreational Activities:

_____ The child may participate in all activities. ( ) yes ( ) no
If no, please explain restrictions: ___________________________________
____
____

Child's Physician: ______________________________________
Address: ____
Phone #: ____

Doctor's Signature: ______________________________ Date: __________________

Parent/Guardian Signature: ____
Date: ______________________________