

# SEVERE ALLERGY TREATMENT GUIDE

(To be completed by healthcare provider only)

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

The above named student is allergic to the following:

\_\_\_\_\_  
\_\_\_\_\_  
—

In the event of an exposure, is an antihistamine to be use first? \_\_\_\_\_

If yes, name of medication and dosage (in milligrams):

\_\_\_\_\_  
\_\_\_\_\_

Is an EpiPen or EpiPen, Jr. to be used? Please circle:

Immediately or Wait for Symptoms

If to wait for symptoms, please specify which symptoms:

\_\_\_\_\_  
\_\_\_\_\_  
—

**EpiPen orders:** Check where appropriate

\_\_\_\_\_ Give the pre-measured dose of 0.3 mg Epinephrine 1:1000 aqueous solutions (0.3 cc)

\_\_\_\_\_ Repeat dose in 15 minutes if rescue squad has not arrived (two kits will be needed)

**EpiPen, Jr. orders:** Check where appropriate

\_\_\_\_\_ Give the pre-measured dose of 0.15 mg Epinephrine 1:2000 aqueous solution (0.3 cc)

\_\_\_\_\_ Repeat dose in 15 minutes if rescuer squad has not arrived (two kits will be needed)

Physician's Name (Print) \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date \_\_\_\_\_

I hereby request the school nurse to give \_\_\_\_\_

The medication prescribed according to the written instructions above. I understand that the nurse and physician will communicate with one another as needed in order to safely and effectively carry out these medical orders. I further understand that this releases the school personnel from liability should a reaction result from the medication.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_