



Allergy Information Sheet

Student's Name: _____ Grade: _____ Date: _____

Type of Allergies: Check all that apply and list specifics.

- Medication: _____
- Food: _____
- Insect Bites/Stings: _____
- Environmental Allergens: _____

Symptoms of Allergy: check all that apply.

- Hives Shock
- Swelling of _____ Fainting or dizziness
- Difficulty breathing Difficulty swallowing
- Other _____

Treatment

Is medication required immediately after exposure to the allergy producing substance? Yes No

Dosage:

Epinephrine: (circle one) EpiPen® EpiPen Jr.® Twinject® 0.3 mg Twinject® 0.15 mg

Antihistamine: _____

Other: _____

If yes, please check the appropriate treatment for each symptom:

- Mouth: itching, tingling, swelling of lips, tongue, mouth Epinephrine Antihistamine
- Skin: hives, itchy rash, swelling of face or extremities Epinephrine Antihistamine
- Gut: nausea, abdominal cramps, vomiting, diarrhea Epinephrine Antihistamine
- Throat: tightening of throat, hoarseness, coughing Epinephrine Antihistamine
- Lung: Shortness of breath, wheezing, repetitive coughing Epinephrine Antihistamine
- Heart: Weak or thready pulse, low blood pressure, fainting, pale, blueness. Epinephrine Antihistamine
- Other: _____ Epinephrine Antihistamine

Has your child ever used the EpiPen? _____

If no medication is necessary, how should the school treat the allergic event?

Signature of parent/guardian: _____

Date: _____