



EMERGENCY ANAPHYLACTIC ALLERGY ALERT FORM

School _____

Home Room _____

To be completed in triplicate for use in: Classroom, Staff Room, Office

Name _____

Put child's photo here here

Allergen(s) _____

ALLERGY - DESCRIPTION

This child has a **DANGEROUS**, life-threatening anaphylactic allergy to the following : _____

Student contact with this substance **MUST** be avoided

Sensitivity is _____ airborne _____ by eating _____ by touch

Life-Threatening Symptoms _____

DO THIS IMMEDIATELY:

Give Medication:

Specific Location of Medication:

Name of Medication

Method of Use

Then call for Emergency Medical Help At: _____

POSSIBLE SYMPTOMS:

- flushed face, hives, swelling or itching lips, tongue, eyes, tightness in throat, mouth, chest
- difficulty breathing or swallowing, wheezing, coughing, choking, vomiting, nausea, diarrhea, stomach pains
- dizziness, unsteadiness, sudden fatigue, rapid heartbeat, loss of consciousness