



SEVERE ALLERGY ALERT FORM

This form must be completed by a parent/legal guardian or independent student when a student's attendance at school is affected by a dangerous, life-threatening allergy. The information gathered in this form must be reviewed (and confirmed or updated) annually or sooner if the student's condition changes.

STUDENT'S NAME: _____

ALLERGY – DESCRIPTION

The student has a **DANGEROUS**, life-threatening allergy to the following:

and all substances containing them in any form or amount, including the following kinds of items:

Place Student's Photo Here

AVOIDANCE

The key to preventing an emergency is **ABSOLUTE AVOIDANCE** of these allergens at all times.

GENERAL PRECAUTIONS

If medical condition is an allergy, please advise:

a) Allergy Specialist: _____ Phone: _____

b) Eating Rules (if any): _____

c) _____

Mild Attack Symptoms	Moderate Attack Symptoms	Severe Attack Symptoms

EMERGENCY MEASURES

- Get **EpiPen® (epinephrine)** or other **Medication** and administer immediately.
- **HAVE SOMEONE CALL AN AMBULANCE** and advise of need for an EpiPen® (epinephrine).
- Unless student is resisting, lay student down, tilt head back and elevate legs.
- Cover and reassure the student.
- Record the time at which **EpiPen® (epinephrine)** was administered.
- Have someone call the parent.
- If the ambulance has not arrived in 10-15 minutes, and breathing difficulties are present, administer a second **EpiPen® (epinephrine)**.
- Even if symptoms subside, students require medical attention because there may be a delayed reaction; take the student to the hospital immediately in the ambulance.
- If possible, have the parent or a school staff member accompany the student to the hospital.
- Provide ambulance and/or hospital personnel with a copy of the *Severe Allergy Alert Form* for the student and the time at which the **EpiPen® (epinephrine)** or **Medication** was administered.

I understand why I have been asked to disclose the above student's identifying information and I am aware of the risks or benefits of consenting or refusing to consent to the disclosure. I voluntarily give the school consent to place a copy of this form in the student's cumulative student record, post this form including the student's picture in appropriate location within the school, take the Emergency Measures and share this information, as necessary, with the staff of the school and health providers.

Name of Parent/Guardian or Independent Student (please print)	Signature of Parent/Guardian or Independent Student	Date:
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