

Food, Insect, and/or Environmental Allergy Assessment Form

Date: _____ Students Name: _____ Grade: _____

Physician treating allergy: _____ Student's Age: _____

Parent/Guardian: _____ Cell Number: _____

Allergy: _____

Triggers (circle all that apply): EATING TOUCHING SMELLING OTHER: _____

Child's reaction (please be specific): _____

How quickly does the reaction appear (circle one): SECONDS MINUTES HOURS

Plan of action: (Please describe in detail what you would like Parkview Baptist School to do if your child encounters an allergen during school hours.) _____

****A PBS Medication Form needs to be filled out as well for each medication (EpiPen/Benadryl) to be given in case of an allergic reaction during school hours.****

Date of last reaction: _____ Asthma? NO YES

How many times has your child had a reaction? NEVER ONCE MORE THAN ONCE

Does your child understand/know how to avoid their allergen? NO YES

Medication:

Epinephrine (inject into outer thigh): _____ EpiPen 0.3mg OR _____ EpiPen Jr 0.15mg

Brand Name of Epinephrine: _____ Expiration Date: _____

Antihistamine: Benadryl _____mg

Other: _____

Signature of Parent/Guardian: _____

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION
of symptoms
from different
body areas.



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or
runny nose,
sneezing



MOUTH

Itchy mouth



SKIN

A few hives,
mild itch



GUT

Mild
nausea or
discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

IMPORTANT REMINDER:

**Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in
doubt, give epinephrine.**