

Health Services Department

Banquete Independent School District

ANAPHYLAXIS/ALLERGIC REACTION INFORMATION FROM PARENT

**Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_**

BISD School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone(Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone(Work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone(Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone(Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone(Work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone(Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician/Clinic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone(office)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all medications: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What date did your child have their first anaphylactic/allergic reaction? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many anaphylactic/allergic reactions has your child had since the first reaction? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was your child’s last anaphylactic/allergic reaction? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been hospitalized due to an allergic/anaphylaxis reaction? ο Yes ο No

Does your child have an Epi-pen or Auvi-Q? ο Yes ο No

Dosage: □ EpiPen® Jr 0.15 mg □ EpiPen® 0.30 mg □ Auvi-Q® 0.15 mg □ Twinject® 0.15 mg

**Location of Auto-Injector(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have asthma? ο Yes ο No

An asthmatic person is at a greater risk of an anaphylactic reaction. **If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.**

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**What triggers an anaphylaxis/allergic reaction in your child?** (Check all that apply)

ο Bee/Wasp sting ο Ant Bite ο Other Insect Sting\_\_\_\_\_\_\_\_\_\_\_\_\_

ο Plants/pollen ο Other\_\_\_\_\_\_\_\_

ο Milk ο Soy ο Wheat ο Peanuts

ο Eggs ο Tree Nuts ο Shellfish ο Other Foods\_\_\_\_\_\_\_\_

ο Latex ο Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a “may contain” warning

**Describe the symptoms your child experiences before or during an anaphylaxis/allergic reaction.** (Check all that apply)

ο Hives ο Vomiting ο Loss of consciousness

ο Difficulty Breathing ο Cramps/Stomach Pain ο Paleness

ο Diarrhea ο Complaint of tingling, itchiness ο Swelling/itching of the throat

ο Metallic taste in the mouth or throat area ο Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorization for Release of Medical Information:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent) hereby authorize (Clinic/Provider) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to furnish anaphylaxis/allergic reaction related information regarding my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the Student Health Services personnel at Banquete I.S.D. I give permission for the school nurse to communicate with my child’s doctor concerning their anaphylaxis/allergic reaction and its treatment.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anaphylactic Reaction Protocol:

1. Give epinephrine at the first sign of a known or suspected anaphylactic reaction.

2. Call 9-1-1 and tell them someone is having a life-threatening allergic reaction.

3. Give a second dose of epinephrine in 5 to 15 minutes IF the reaction continues or worsens.

4. Go to the hospital immediately (ideally by ambulance), even if symptoms are mild or have stopped.

5. Call emergency contact person (e.g. parent, guardian).

This protocol has been recommended by the patient’s physician.

**Parent/Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_