

# ALLERGY UPDATE

Child's Name \_\_\_\_\_

Date \_\_\_\_\_

My child is allergic to the following: (food and medications)

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Special Instructions:

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Epi-pen to be kept at school?

\_\_\_\_\_ Yes (Complete Allergy Action Plan Form with your doctor's signature)

\_\_\_\_\_ No

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Phone # \_\_\_\_\_

**PLACE  
PICTURE  
HERE**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  Yes (higher risk for a severe reaction)  No

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following allergens:** \_\_\_\_\_








THEREFORE:

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for ANY symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:





## SEVERE SYMPTOMS

 <b>LUNG</b> Shortness of breath, wheezing, repetitive cough	 <b>HEART</b> Pale or bluish skin, faintness, weak pulse, dizziness	 <b>THROAT</b> Tight or hoarse throat, trouble breathing or swallowing	 <b>MOUTH</b> Significant swelling of the tongue or lips
 <b>SKIN</b> Many hives over body, widespread redness	 <b>GUT</b> Repetitive vomiting, severe diarrhea	 <b>OTHER</b> Feeling something bad is about to happen, anxiety, confusion	<b>OR A COMBINATION</b> of symptoms from different body areas.

↓      ↓      ↓

- INJECT EPINEPHRINE IMMEDIATELY.**
- 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

 <b>NOSE</b> Itchy or runny nose, sneezing	 <b>MOUTH</b> Itchy mouth	 <b>SKIN</b> A few hives, mild itch	 <b>GUT</b> Mild nausea or discomfort
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**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

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

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

## MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.15 mg IM  0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

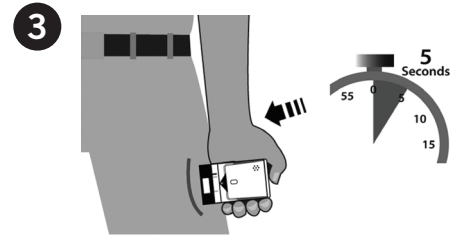
Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

\_\_\_\_\_

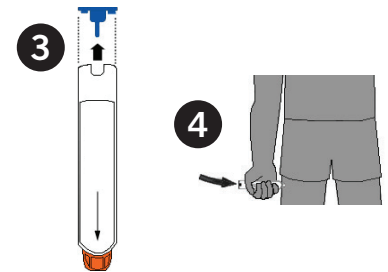
## HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly, and hold in place for 5 seconds.
5. Call 911 and get emergency medical help right away.



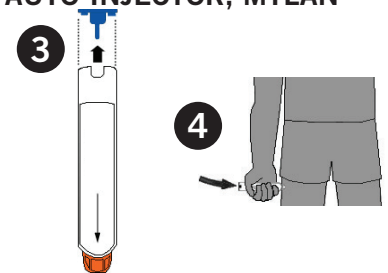
## HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



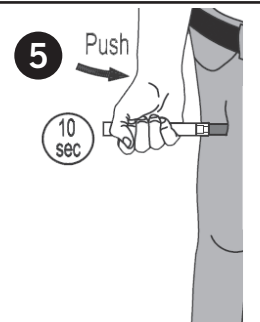
## HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



## HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



## ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

## OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

# EMERGENCY CONTACT INFORMATION

CHILD'S NAME		CHILD'S BIRTH DATE
MOTHER'S NAME	FATHER'S NAME	
MOTHER'S CELL #	FATHER'S CELL #	
MOTHER'S WORK #	FATHER'S WORK #	
HOME ADDRESS		
CITY	HOME PHONE #	
<b>PLEASE PROVIDE THE NAME AND PHONE NUMBER OF THREE PEOPLE WHO YOU AUTHORIZE TO PICK UP YOUR CHILD FROM SCHOOL IN CASE OF AN EMERGENCY:</b>		
#1 NAME	#1 PHONE #	
#2 NAME	#2 PHONE #	
#3 NAME	#3 PHONE #	
CHILD'S DOCTOR'S NAME	DOCTOR'S PHONE #	

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#1 NAME	#1 PHONE #	
#2 NAME	#2 PHONE #	
#3 NAME	#3 PHONE #	
CHILD'S DOCTOR'S NAME	DOCTOR'S PHONE #	

Ascension Lutheran Preschool  
26231 Silver Spur Road  
Rancho Palos Verdes, CA 90275  
310-373-6083

Class Room \_\_\_\_\_

Program \_\_\_\_\_

### EMERGENCY DISASTER RELEASE

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

In the event of a disaster or in case of emergency my child may be released to the persons authorized on this release form. As it may be impossible for parents/guardians to reach the school, please include three additional local contacts including carpool drivers, nannies, or housekeepers. Please remember – your child will be released *only* to the people on this form.

#### LOCAL EMERGENCY CONTACTS:

1. \_\_\_\_\_  
Name Address Home Phone Work Phone

2. \_\_\_\_\_  
Name Address Home Phone Work Phone

3. \_\_\_\_\_  
Name Address Home Phone Work Phone

4. \_\_\_\_\_  
Name Address Home Phone Work Phone

5. \_\_\_\_\_  
Name Address Home Phone Work Phone

#### OUT OF STATE CONTACT:

1. \_\_\_\_\_  
Name Address Home Phone Work Phone

### AUTHORIZATION TO TREAT A MINOR

I (we) the undersigned parent/parents or legal guardian of \_\_\_\_\_ a minor, do hereby authorize and consent to any x-ray examination, medical or surgical diagnosis, and treatment. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that treatment will not be withheld if the undersigned cannot be reached.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Ascension Lutheran Preschool Directory, Photo and Web Consents

Name of Child: \_\_\_\_\_

**Class Directory:** As a convenience to our parents of Ascension Lutheran Preschool, we seek your permission to include your child's name, your name, address, email, and telephone number in a Class Directory. This directory is given to the parents of your child's class upon request. This directory is not intended to be used for, or released to, any outside agencies.

Would you like to be included in the Class Directory?     Yes     No

**Photo Consent:** I give Ascension Lutheran Preschool permission to photograph my child, named above, for (initial only those that apply):

The School's use (photo albums, newsletters, bulletin boards)

Media and Publicity (local newspaper)

Do Not Photograph My Child

**Web Acknowledgement and Release – Minor:** I understand that my child's photograph and/or creative work may be posted on the Ascension Lutheran Church; [www.ALCrpv.org](http://www.ALCrpv.org), and Ascension Lutheran Church Preschool web site; [www.ALCPreschool.org](http://www.ALCPreschool.org), which is made available to the general public. I further agree and consent that Ascension Lutheran Church and Preschool is not responsible for any misappropriation of any photograph by the general public or anyone else. Please initial to indicate your permission:

Ascension Lutheran has permission to display my child's photograph

Ascension Lutheran has permission to display my child's photograph from the back only

Ascension Lutheran has permission to display my child's creative work

Ascension Lutheran does NOT have permission to display my child's photograph or creative work

**Acknowledgements:** I have read the above descriptions and give my consent as indicated above.

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Parent/ Legal Guardian Signature

Date