

**SEVERE ALLERGY PROCEDURE**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Specific Allergy :** \_\_\_\_\_

Has this student had prior anaphylactic reaction? \_\_\_\_\_ Date: \_\_\_\_\_

Reaction and treatment \_\_\_\_\_

**The following procedure will be followed for an allergic reaction:**

Please circle yes or no.

**YES NO** Give Benadryl \_\_\_\_\_ dose; Observe for allergic symptoms then give EPIPEN \_\_\_\_\_ dose.

**YES NO** Give EPIPEN \_\_\_\_\_ dose **immediately** upon exposure.

**Additional Orders**

\_\_\_\_\_  
\_\_\_\_\_

(Note: Students treated with an EPIPEN will be transported via rescue to the ER for medical evaluation.)

**Self-carry/self-administer in the school setting:**

Please circle the appropriate response below:

- Do you authorize this child to self-carry the above ordered medication in the school setting?  
(Excludes elementary grade students). YES NO
- Do you authorize this child to self-administer the above medication in the school setting? YES NO

**Field trip information:**

- On an off-site school-sponsored activity without a nurse present, this student may self-carry the above medication? (Excludes elementary grade students) YES NO
- On an off-site school-sponsored activity without a nurse present, this student may self-administer the above ordered medication? YES NO
- The above medication may be omitted. YES NO

**Print Physician Name** \_\_\_\_\_

**Physician Signature** \_\_\_\_\_

**Address** \_\_\_\_\_ **Date** \_\_\_\_\_

