

Wonewoc-Center School District

Home of the Wolves

101 School Road, Wonewoc, WI 53968

JODI WELDY
SCHOOL NURSE

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STUDENT ALLERGY INFORMATION FORM

Student _____ Date of Birth _____
Grade _____ Teacher _____ School Year _____
Parent/Guardian _____ Phone Number _____
Practitioner _____ Phone Number _____

Please answer the following questions about your child's allergy(ies) and reaction:

1. What is your child allergic to? Exposed by being stung, ingesting, inhaling, or skin contact? (circle)

2. Please indicate the severity of the reaction (circle one).

(Not Severe) 1 2 3 4 5 6 7 8 9 10 (Severe)

3. Indicate how **your** child reacts to the allergen and how to treat symptoms.

- | | | |
|--|---------------|----------------------|
| <input type="checkbox"/> Exposed, but no symptoms | Antihistamine | Epinephrine/Call 911 |
| <input type="checkbox"/> Hives, itchy rash | Antihistamine | Epinephrine/Call 911 |
| <input type="checkbox"/> Nausea, abdominal cramps, vomiting, and/or diarrhea. | Antihistamine | Epinephrine/Call 911 |
| <input type="checkbox"/> Itching & swelling of the lips, tongue or mouth. | Antihistamine | Epinephrine/Call 911 |
| <input type="checkbox"/> Itching and/or a sense of tightness in the throat, hoarseness, and hacking cough. *** | Antihistamine | Epinephrine/Call 911 |
| <input type="checkbox"/> Shortness of breath, repetitive coughing, and/or wheezing. *** | Antihistamine | Epinephrine/Call 911 |
| <input type="checkbox"/> "Thready" pulse, "passing out". *** | Antihistamine | Epinephrine/Call 911 |
| <input type="checkbox"/> Other _____ | Antihistamine | Epinephrine/Call 911 |

*** Potentially Life-threatening. Severity of symptoms can change quickly --- CALL 9-1-1!!

Additional directions: _____

4. How quickly do symptoms appear after exposure to allergen?

_____seconds _____minutes _____hours

5. Does your child carry his/her own Epinephrine Auto-injector? _____Yes _____No

a. Brand of injector? EpiPen EpiPen Jr Auvi-Q 0.3mg Auvi-Q 0.15mg Other _____

b. Has she/he been instructed on how to administer EpiPen? _____Yes _____No

c. Does she/he administer his/her own shot? _____Yes _____No

6. Does your child take Benadryl for their allergy? _____Yes _____No

a. Give Benadryl before EpiPen? _____Yes _____No

b. Give Benadryl after EpiPen _____Yes _____No

c. Give Benadryl only? _____Yes _____No

d. Dose to be given _____teaspoon(s) _____tablet(s)

Epi-pen will be administered for any suspicion of respiratory symptoms. Early treatment with epinephrine is the most effective.

*****Please supply the school with the needed medication(s) and medication consent form(s) on or prior to the first day of school*****

Continued on back

7. For **food** allergies:
- Is your child able to avoid exposure to unsafe foods? _____ Yes _____ No
 - Does your child know their symptoms of an allergic reaction? _____ Yes _____ No
 - Does your child know how and when to tell an adult they may be having an allergic reaction? _____ Yes _____ No
8. For **other** allergies:
- Does your child know their symptoms of an allergic reaction? _____ Yes _____ No
 - Does your child know how and when to tell an adult they may be having an allergic reaction? _____ Yes _____ No

Please remember that all medications need to be picked up by Parent/Guardian at the end of the year.
 Unclaimed medication will be discarded

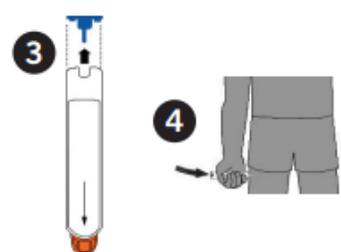
- I hereby give permission to WC's trained staff to give the medication(s) to my child according to the directions stated above and further authorize them to contact the child's practitioner with any concerns regarding medication administration. I agree to hold the Wonewoc-Center School District, its employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of this medication at school.
- I give the school staff, including the district designated health care professional, permission to call me with any concerns regarding medication administration.

➡ **Parent/Guardian Signature:** _____ **Date:** _____

Reviewed By (School Nurse): _____ **Date:** _____

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

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



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

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

