



# The Little House (Montessori)<sup>®</sup>

## Child with Allergy Reaction Form

Child's Photo

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Child's BC No. \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

Asthmatic Yes\*  No  \* Higher risk for severe reaction

### Step 1: Treatment

Symptoms:	Give Checked Medication** ** To be determined by physician authorizing treatment)
▪ If a food allergen has been ingested, but no symptoms:	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Mouth (Itching, tingling, or swelling of lips, tongue, mouth)	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Skin (Hives, itchy rash, swelling of the face or extremities)	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Gut (Nausea, abdominal cramps, vomiting, diarrhea)	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Throat † (Tightening of throat, hoarseness, hacking cough)	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Lung † (Shortness of breath, repetitive coughing, wheezing)	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Heart † (Weak or thready pulse, low blood pressure, fainting, pale blueness)	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Other † _____	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine

†Potentially life-threatening. The severity of symptoms can quickly change.

### Step 2: Emergency Calls

1. Call 995. State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Parent \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

4. Emergency contacts:

Name/Relationship	Phone Number(s)
a. _____	1. _____ 2. _____
b. _____	1. _____ 2. _____

### Step 3: Dosage

Epinephrine: inject intramuscularly (Tick one)

Epipen<sup>®</sup>      Epipen<sup>®</sup> Jr.      Twinject<sup>®</sup> 0.3mg      Twinject<sup>®</sup> 0.15mg

Antihistamine: give \_\_\_\_\_ medication/dose/route

Other: give \_\_\_\_\_ medication/dose/route

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY IF REACTION IS EXTREMELY STRONG!

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_