

ALLERGY TREATMENT PLAN

Last Name:	
First Name:	
Grade: D.O.B	
Asthmatic: Yes* No	* Higher risk for severe reaction; please fill out Asthma Treatment Plan

ALLERGIC TO:	If exposed to allergen and there are NO symptoms or mild localized symptoms:	If anaphylactic symptoms are shown*
	Epi-pen Epi-pen Jr Antihistamine Medication: Dose: Route:	EPIPEN / EPIPEN JR
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Note: Nut and sesame allergies can have severe reactions and will be treated with an Epi-pen even if no symptoms are shown.

* Anaphylactic symptoms: Itching, tingling, or swelling of lips, tongue, mouth; hives, itchy rash, swelling of the face or extremities; nausea, abdominal cramps, vomiting, diarrhea; tightening of throat, hoarseness, hacking cough; shortness of breath, repetitive coughing, wheezing; thready pulse, low blood pressure, fainting, pale, blueness

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, AUTHORIZATION IS GIVEN TO MEDICATE OR TO TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature

Date

Date

Physician's Signature

Students who have an allergy for which an Epi-pen is needed must have two clearly labeled Epi-pens stored in the school. Please check the expirations dates of all medication given in.

Where Chinuch and Cheshek go hand in hand

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