

**Anaphylactic Reaction Form**

**\*To be completed by your child's doctor. Due back to JCS by August 1 of each school year.**

JCS strives to create a safe environment for learning. This includes identifying students with anaphylactic reactions. Please complete this form to allow us to better serve your patient.

Student's Photo:

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Anaphylactic Trigger(s)** (bee stings, medication, food, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Form of anaphylactic reaction**

- Airway compromise
- Wheezing
- Seizures
- Extensive Hives
- Other \_\_\_\_\_

**Proper treatment response from staff**

- Call 911
- Administer Epinephrine (I have prescribed and provided)
- Administer Albuterol Inhaler (I have prescribed and provided)
- Administer Oral Diphenhydramine (Parent shall supply)
- Other \_\_\_\_\_

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

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

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Parents:

By signing this form, you acknowledge that you are giving permission to JCS staff to treat your child as directed above by your physician. Also, by signing, you acknowledge that while JCS will strive to protect your child from their anaphylactic trigger, not all exposures (such as bee stings etc.) can be eliminated. JCS will do our best to follow Physician directions give that we are not trained as physicians.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_