

**AUTHORIZATION FOR EMERGENCY CARE OF CHILDREN
WITH SEVERE ALLERGIES**

Dear Health Care Provider,

Your patient _____ is enrolled in Nazareth Area Day Care and we have been requested to provide certain emergency care for the prevention of anaphylaxis in the event the child comes into contact with a certain allergen(s), as described below. Please complete Part 1 of this instruction record. This record will remain in the child's file at Nazareth Area Day Care so we may assist with the allergy care and needs of the child. If you need to provide further instructions or clarifications, please do so on a separate sheet of paper, which will become a part of this record and will be kept with this form in the child's file at Nazareth Area Day Care.

Part 1 (to be completed by a Licensed Health Care Provider)

Child's Name: _____ Child's Birth Date: _____

KNOWN ALLERGENS: (Please provide a complete list of all events and/or substances that may trigger a severe allergic reaction (i.e. Anaphylactic shock) in the child.)

_____ Bee Stings

_____ Other Insect Bite(s): (identify): _____

_____ Animal(s): (identify): _____

_____ Food Allergy: (identify all foods or groups of foods that must be avoided):

_____ Other: (identify): _____

SYMPTOMS: (Please provide a complete list of all symptoms that indicate the child has come into contact with an allergen and requires emergency treatment.)

_____ Shortness of Breath

_____ Swelling of the Face or Lips

_____ Vomiting

_____ Diarrhea

_____ Other: (explain): _____

PROCEDURES: (Please indicate all steps necessary and the order in which they should be taken.)

_____ Administer the following Medication: (provide name, dosage, and method of administration): _____

_____ Administer EPI-PEN: (provide instructions for administration)

_____ Call Emergency Medical Services (911)

_____ Call the child's parents or guardian

_____ Other (explain): _____

_____ DO NOT administer medication in the absence of KNOWN exposure to allergen

RECREATIONAL ACTIVITIES:

1. The child may participate in recreational activities. Yes No

2. Recreational Activity Restrictions: None Some Restrictions
(explain recreational activity restrictions): _____

HEALTH CARE PROVIDER INFORMATION:

Office: _____

Name: _____

Address: _____

Phone #: _____ Fax #: _____

Signature: _____ Date: _____