**PHOTO** 

## AUTHORIZATION OF EMERGENCY TREATMENT

	is allergic to:						
-	suspect that a food allection as follows:	rgen has been ingested (or ins	sect sting), immed	iately deterr	mine the symptor	ns and treat	
Symptoms:			<b>Give Medication checked "X"*</b>				
Mouth Skin Gut Throat Lung Heart General: If a food	Itching, tingling, or swell Hives, swelling on face of Nausea, abdominal cram Tightening of throat, hoa Shortness of breath, rep Thready pulse, passing of Panic, sudden fatigue, cl	rps, vomiting, diarrhea rseness, hacking cough etitive coughing, wheezing, out, fainting, pale, blueness nills, fear of impending doom	An An An An An An	tihistamine tihistamine tihistamine tihistamine tihistamine tihistamine tihistamine tihistamine	EpiPen	Other	
Antihista Give Epineph EpiPen <sup>TI</sup> E	rine:  [Epi-Pen ( Epinephrine injection may  (or Ambulance service a	amine, Benadryl™ or cetirizine aspoon(s),cc ( mg)] injected once into u need to be repeated if the chil and phone number: allergic reaction, and additiona	mg) by mouth.  pper outer thigh ld's symptoms per		)		
	al contact information:			<b>,</b>			
			Phone			Address	
Allergist			Discore				
•			DI				
	Name (other contacts) and						
	,						
			Phone (2)				
			- ( )				
			Phone (2)				
	Other allergies, medication allergies, medical conditions:				Approximate Weight: lbs		
	DO NOT HE	SITATE TO ADMINISTER MI ICAL FACILITY EVEN IF PA ending upon specific patient history		AKE THE C	CHILD TO A		
Physician	's Signature	Date	Parent's Signature		Date		



Provided by the Food Allergy Initiative, a national non-profit organization dedicated to finding a cure to life-threatening food allergies. For more information, please visit <a href="www.FoodAllergyInitiative.org">www.FoodAllergyInitiative.org</a> or email Info@FoodAllergyInitiative.org