CHEDER BAIS YAAKOV of CLIFTON
...where chinuch & cheshek go hand in hand

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
	☐ Epi-pen ☐ Epi-pen Jr ☐ Antihistamine Medication: Dose: Route:	EPIPEN / EPIPEN JR

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

_____ _____
Physician's Signature Date

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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.