



## **RST EpiPen Administration Guidelines**

Name: \_\_\_\_\_

Please complete this form with your child so he/she has an action plan in place.

Allergy requiring EpiPen: \_\_\_\_\_

Symptoms (Swimmer will take checked "X" medication):

Mouth: itching, tingling, or swelling of the lips, tongue, mouth

\_\_Benadryl

\_\_EpiPen

Skin: hives, swelling on the face or extremities, itchy rash

\_\_Benadryl

\_\_EpiPen

Gut: nausea, abdominal cramps, vomiting, diarrhea

\_\_Benadryl

\_\_EpiPen

Throat: tightening of throat, hoarseness, hacking cough

\_\_Benadryl

\_\_EpiPen

Lung: shortness of breath, repetitive coughing, wheezing

\_\_Benadryl

\_\_EpiPen

Heart: thread pulse, passing out, fainting, pale, blueness

\_\_Benadryl

\_\_EpiPen

General: panic, sudden fatigue, chills, fear of impending doom

\_\_\_Benadryl

\_\_\_EpiPen

Please include any other information that will aid your child to know which medication to use:

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If EpiPen is administered, 911 will be called and swimmer will be transported to the Emergency Room. Parent will also be notified.

Swimmer Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_