



CDOG 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:

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: _____