

5287 Otter Lake Road, White Bear Township, MN 55110  
Phone: (651) 266-0360  
Email: Tamarack@co.ramsey.mn.us

**Medication Order for Treatment of Anaphylaxis  
using Epinephrine and/or Benadryl**  
MEDICATION ORDER/CONSENT  
TO BE COMPLETED BY LICENSED PRESCRIBER

If your child needs/uses Epinephrine and/or Benadryl please have your physician complete this form and return it to Tamarack Nature Center.

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

The above named child has a hypersensitivity to: \_\_\_\_\_

This child is at risk for an anaphylactic reaction. The child carries Epinephrine via Epi-pen which should be administered for treatment. Benadryl given as ordered.

\_\_\_\_\_ Administer Epi-pen (0.3 mg) \_\_\_\_\_ Administer Epi-pen Jr. (0.15 mg)

Benadryl: Dose \_\_\_\_\_ Route: \_\_\_\_\_ Frequency \_\_\_\_\_

Symptoms:

**TREATMENT PROTOCOL:**

If an exposure occurs, or is suspected to have occurred, treatment should begin immediately and parents will be notified.

\_\_\_\_\_ Epinephrine should be administered immediately following exposure, regardless of symptoms.

\_\_\_\_\_ Epinephrine should be administered if the student develops symptoms suggestions a generalized reaction as described below:

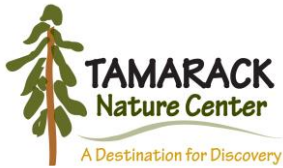
- shortness of breath, wheezing, any difficulty breathing
- cough
- rash, hives
- itching
- swelling of lips, tongue, mouth
- general flushing
- nausea, vomiting, abdominal cramps, diarrhea
- anxiety
- other symptoms, specific to this child \_\_\_\_\_

If symptoms do not improve in \_\_\_\_\_ 911 will be called.

\_\_\_\_\_  
Licensed Prescriber's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name



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Parent/Guardian Permission  
for Administration of Epinephrine (Epi-Pen)  
BY UNLICENSED STAFF OR PERSONNEL IN THE ABSENCE  
OF A LICENSED HEALTHCARE PROVIDER

If your child needs/uses Epinephrine (Epi-Pen) please complete this form and return it to Tamarack Nature Center.

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

If parent/guardian is unavailable in emergency, contact:

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

Phone(s) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

My son/daughter has the following allergy(s) which may require treatment with epinephrine (Epi-pen) according to my child's physician: \_\_\_\_\_

By signing this form, I hereby give permission to allow the administration of epinephrine by auto-injection (Epi-pen) and/or Benadryl administration in the absence of a licensed health provider by an unlicensed staff member or personnel of Tamarack Nature Center who has been trained in administration of Epi-pen and Benadryl administration in the event of an emergency of my son/daughter. I also allow Tamarack Staff and Personnel to share with appropriate medical personnel, information relative to this medication administration plan and/or event.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please return completed form to:

**Program Naturalist  
TAMARACK NATURE CENTER  
5287 Otter Lake Road, White Bear Township, MN 55110  
Phone (651) 266-0360**