

# RYLA University 2024 for Rotary District 7475 at Drew University

June 30, 2024 – July 3, 2024 Only

## Epinephrine Auto-Injector Authorization for Participant at Risk for Anaphylaxis AUTHORIZATION TO SELF-CARRY

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies that could cause Anaphylaxis: \_\_\_\_\_

**Anaphylaxis** is a life-threatening, acute systemic (whole body) type of allergic reaction. It occurs when a person has become sensitized to a certain substance or allergen. It is a **MEDICAL EMERGENCY**.

### Symptoms can include, but are not limited to:

- |   |                         |
|---|-------------------------|
| -uneasiness and agitation                           | -dizziness              |
| -facial flushing                                    | -throbbing in ears      |
| -rapid pulse, weak pulse, or unattainable pulse     | -difficulty breathing   |
| -swelling of face, lips, tongue, eyelids, or throat | -nausea and/or vomiting |
| -unresponsiveness due to decreased BP               | -coughing or wheezing   |

### If participant is having an allergic reaction AND is symptomatic:

- |   |  |
|---|--|
| 1. Stay with camper. Call 911. Initiate emergency protocol.   | <input type="checkbox"/> <b>Epinephrine Injection</b> Auto-Injector<br><b>Adult 0.3mg</b>      |
| 2. If any throat, heart, respiratory or central nervous system symptoms are present: <u>Administer one of the following</u> Epinephrine Auto-Injectors per device instructions: | <input type="checkbox"/> <b>Epinephrine Injection</b> Auto-Injector<br><b>Pediatric 0.15mg</b> |

### If participant is having an allergic reaction with NO respiratory distress, administer:

- |   |
|---|
| <input type="checkbox"/> <b>Diphenhydramine</b> (Benedryl)<br><b>50mg</b> tablet or liquid PO immediately |
| <input type="checkbox"/> <b>Diphenhydramine</b> (Benedryl)<br><b>25mg</b> tablet or liquid PO immediately |

*\*Do not give anything by mouth if unconscious or unable to swallow\**

\_\_\_\_\_  
Physician Date

\_\_\_\_\_  
Parent/Guardian Date

*Doctor's Stamp*

### Authorization to Self-Carry

The participant named above has been instructed in the proper use of the Epinephrine Auto-Injector. We request that he/she be permitted to carry the Epinephrine Auto-Injector on his/her person. He/she has been instructed and understands the purpose and the appropriate method and time to self-administer the Epinephrine Auto-Injector.

\_\_\_\_\_  
Physician Date

\_\_\_\_\_  
Parent/Guardian Date