

9A9F; 9B7M5 @@F; M75F9'D@B''
Z:f'DI HB5A'7-HMG7 <CC @G'

GHI 89BH-E: CFA5HCB'	Gh XYbhBUa Y'.....	8 C6.....
	<ca Y# Y''D\ cbY'.....	; fUXY'.....
	? bck b' @ZY!H fYUhb b 5''Yf Yg.	< grcfmcZ5 gh a Ua'' <input type="checkbox"/> Bc'' <input type="checkbox"/> MYg'' f5 gh a Ua Un bX VUH'Ub bWYUgYX'f g_cZgYj YfY'fYUW cbL' <hr/> < grcfmcZG9J9F9'5 bUd\ mUW WF YUW cb3' <input type="checkbox"/> Bc'' <input type="checkbox"/> MYgž If checked M9G , give epinephrine auto-injector immediately if exposed to allergen and follow the protocol below

HF95HA9BHD@B	5 BMCB9' C: 'H<9G9' G9J9F9' GMA DHCA G' C: '5 B5D<M@L-G' 5: H9F'GI GD97H98' CF'?BCK B'9LDCGI F9.'
	> 8]Z]W' hmVfYUH b 'cf'gk U'ck b ' > 8]nnrzZ]b fZVbZ gYXZdUY'cf'Vi YZ\ mlcH'bg cb#k YU' di 'gY'' CF'
	5 BM7CA6-B5HCB' C: 'GMADHCAG': FCA'8 = : 9F9BH'6C8M 5F95G' 5-FK5M'GA cfhcZVfYUH ZW Ygh j \ bYggzk \ YYnYZfYdY j YVei [\ ZdfcZ gYfi bbrmbcgY H<FC5H.H j \ hZ\ cUfgYZfci V'YVfYUH b #k U'ck b z''Xfcc' b ' ACI H<. Gk c''Yb'' dg'cf' cb i YZ]HW mia ci h Z'' dgZ cb i Y'UbX#f' h fcU ' G?-B. ''< j YgZ-HW mifUg YgZgk Y'' b 'f Y' 'Z'YmYgZ'' dgL' ; I H. BU gYUJca j b Z]X Uf\ YUZWUa dmidU b

: C@@CK 'H<G'DFCHC7C@' %' -B>97H'9D-B9D<F-B9' -A A98-5H9 @M' ✓ Call 911 ✓ Raise feet above the head, remain lying down & continue monitoring ✓ Give additional medications as ordered - Antihistamine - Bronchodilator/Albuterol if has asthma. ✓ Notify Parent/Guardian
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H<9'G9J9F9-HMC: 'GMADHCAG'75B'EI -?@M7<5B; 9''5 @GMADHCAG' C: '5B5D<M@L-G'75B'DCH9BH5 @GMDFC; F9GG'HC'5' @: 9'H<F95H9B-B; 'GHI 5HCB''.

8CC6; 9 C: 'A98-5HCBG'	9d bYd\ f bY'	<input type="checkbox"/> Epi Auto-injector, Jr (0.15mg) inject intramuscularly <input type="checkbox"/> Epi Auto-injector (0.3mg) inject intramuscularly > 5 gYVbX'XcgY of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur.	
	5 bh\ ghUa bY'	<input type="checkbox"/> Benadryl/Diphenhydramine Dose: Route: PO Frequency:	<input type="checkbox"/> Other Dose: Route:
	AYX WU cb'g U''VY' Uxa b ghYfYX'Xi f b ' gW cc''nYUf.'	&\$%+ HC''&\$% ,	
AYX WU cb'g U''VY' Uxa b ghYfYX'Xi f b ' gW cc''nYUf.'		BCH9. = 'BI FG9'G'BCH5J5=@6 @Z'H<9'9D-B9D<F-B9'5I HC' -B>97HCF'A5M69'; -9B'6M89G; B5H98'G7<CC@D9FGCBB9@: CF' 5BM5B5D<M@L-G'GMA DHCA G''	

HC'69'7CAD@H98'6MD5F9BH5B8'5I H<CF-N98'<95@H<75F9'DFCJ-B9F'

5I H<CF-N5HCB'	DfYgW VYf G] bU fY:	8 UY:
	Confirms student is capable to safely and properly administer medication <input type="checkbox"/> MYg'' <input type="checkbox"/> Bc' -ZMYgZ'fa' (\$Zi GY'Z5 Xa b ghU cb'cZA YX WU cb za i ghVYVta d'YH'X'UbX'cb'Z'Yk h' gW cc''	DF9G7F-69F@DF-BH98' B5A9'CF'GH5AD'
	DUfYbh I hereby request that the above ordered medication be administered by school personnel and consent to communications between the school nurse and the prescriber that are necessary to ensure safe administration of this medication. This protocol will be in effect until the end of the current or extended school year. This medication will be destroyed if not picked up within one week following termination of the order or the end of the school year. Whichever comes first, unless the student will be attending an extended school year (ESY) program. A new protocol will be needed for the next school year. I have received, reviewed and understand the above information.	8 UY:
DUfYbh G] bU fY:	Confirms student is capable to safely and properly administer medication <input type="checkbox"/> MYg'' <input type="checkbox"/> Bc' -ZMYgZ'fa' (\$Zi GY'Z5 Xa b ghU cb'cZA YX WU cb za i ghVYVta d'YH'X'UbX'cb'Z'Yk h' gW cc''	8 UY:

fHI FB' CJ9F': CFA': CF'-BGHFI 7HCBGCB'58A-B-GH9F-B; 9D-B9D<F-B9'5I HC!-B>97HCF'f'.....

THIS FORM EXPIRES AT THE END OF THIS SCHOOL YEAR AND/OR SUMMER SCHOOL

NAME: _____ GRADE/SCHOOL: _____

GMA DHCAG`C: `5 B5 D< M@L=G.`

- Chest tightness, shortness of breath, cough, wheezing, profuse runny nose
- Dizzy, faint, pale, blue, confused
- Tightness and/or itching in throat, difficulty swallowing, hoarseness, drooling
- Swelling of lips, tongue, throat
- Itchy mouth, itchy skin, hives
- Hives, itching (anywhere), swelling (eg face, eyes)
- Nausea, vomiting, diarrhea, crampy pain

Insert Picture if available

= `5 @@F; 9B` @?9 @M95H9B`fCF`GHI 89BH`GHI B; lZ: C@@CK`H<=G`9D=B9D<F`B9` DFCHC7C @5H`H<9`CBG9`H`C: `5BMC: `H<9`56CJ9`GMA DHCAG.`

1. Administer Epi Auto-Injector: **WfWY`cbY.`f\$`%) a [""\$" a [L**
2. Have someone call 911 for ambulance, don't hang up, and stay with student
3. Administer Benadryl: **WfWY`cbY`%&`) a [""& a ["" +) a ["") \$a ["" cH YfSSSSSSSSSSSS**
4. Have student lie down with feet above level of head until EMS arrives
5. Notify school and parent/guardian as soon as possible

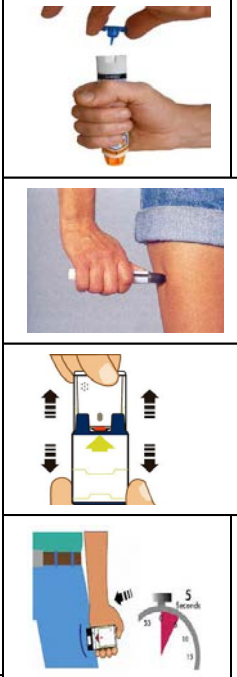
9D=5I HC!>97HCF`8`F97H`CBG.`

: cf`9D=D9B`UbX`9D=D9B`>F".`

1. Pull off blue activation cap.
2. Hold orange tip near outer thigh (always apply to thigh). Okay to inject through clothing.
3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10; remove and massage 10 sec. Auto-Injector should then be removed and take to Emergency Room.

: cf`5i j]!E.`

1. Follow verbal instructions.
2. Pull off red safety guard. Pull firmly to remove.
3. Place black end against middle of outer thigh (through clothing if needed.) Then press firmly and hold in place for 5 seconds.



9A9F; 9B7M7CBH57HG`

1. Name:
Relation:
Phone:
2. Name:
Relation:
Phone:

9A9F; 9B7MD<MG=7`5B`7CBH57HG`

1. Name:
Relation:
Phone:
2. Name:
Relation:
Phone: