



Student's Name:	D.O.B:	Grade:
School:	Teacher:	
ALLERGY TO:		
HISTORY:		
Child has asthma. <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, higher chance severe reaction)		
Child has had anaphylaxis. <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>DO NOT HESITATE TO ADMINISTER EMERGENCY MEDICATIONS</p> <p>I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices and release the school and personnel from any liability in compliance with their Board of Education policies.</p>		
Parent/Guardian's Signature:		Date:
School Nurse:		Date:

IMPORTANT REMINDER Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

STEP 1: TREATMENT

<p>SEVERE SYMPTOMS:</p> <p>Any of the following:</p> <ul style="list-style-type: none"> • LUNG: Short of breath, wheeze, repetitive cough • THROAT: Tight, hoarse, trouble breathing/swallowing • MOUTH: Swelling of the tongue and/or lips • HEART: Pale, blue, faint, weak pulse, dizzy • SKIN: Many hives over body, widespread redness • GUT: Vomiting or diarrhea (if severe or combined with other symptoms) • OTHER: Feeling something bad is about to happen, Confusion, agitation 		<p>GIVE EPINEPHRINE:</p> <p>What to do:</p> <ol style="list-style-type: none"> 1. Inject epinephrine right away! Note time when epinephrine was given. 2. Call 911. <ul style="list-style-type: none"> • Ask for ambulance with epinephrine. • Tell rescue squad when epinephrine was given. 3. Stay with child and: <ul style="list-style-type: none"> • Call parents and child's doctor. • Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes. 4. Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side. 4. Give other medicine, if prescribed. (See below for orders). Do not use other medicine in place of epinephrine.
<p>MILD SYMPTOMS ONLY:</p> <p>NOSE: Itchy, runny nose, sneezing</p> <p>SKIN: A few hives, mild itch</p> <p>GUT: Mild nausea/discomfort.</p>		<ol style="list-style-type: none"> 1. Stay with child and <ul style="list-style-type: none"> • Alert parent and school nurse • Give antihistamine (if prescribed) 2. If two or more mild symptoms present or symptoms progress GIVE EPINEPHRINE and follow directions in above box

DOSAGE: TO BE COMPLETED BY THE HEALTHCARE PROVIDER

Epinephrine: inject intramuscularly using auto injector (check one): 0.3 mg 0.15 mg

If symptoms do not improve ____ minutes or more, or symptoms return, 2nd dose of epinephrine should be given if available.

Antihistamine: (brand and dose) _____

Asthma Rescue Inhaler (brand and dose) _____

Student has been instructed and is capable of carrying and self-administering own medication. Yes No

Provider (print) _____

Phone Number: _____

Provider's Signature: _____

Date: _____

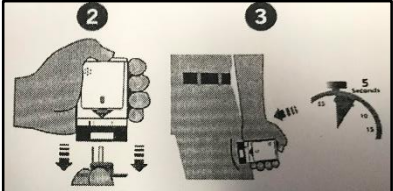
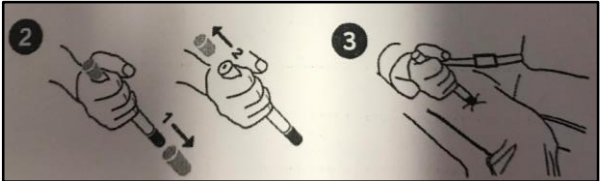
STEP 2: EMERGENCY CALLS

1) If epinephrine given, call 911. State that an anaphylactic reaction has been treated and additional epinephrine, oxygen, or other medications may be needed.	
2) Parent:	Phone Number:
3) Emergency Contacts (Name/Relationship)	Phone Number(s)
A)	
B)	
Staff trained and delegated to administer emergency medications in this plan:	
1)	Room:
2)	Room:
3)	Room:

Self-carry contract on file: Yes No

Expiration date of epinephrine auto injector: _____

Keep the child lying on their back. If the child vomits or has trouble breathing, place child on his/her side.

<p>AUVI-Q (EPINEPHRINE INJECTION, USP) DIRECTIONS</p> <ol style="list-style-type: none"> Remove the outer case of Auvi-Q. This will automatically activate the voice instructions. Pull off red safety guard. Place black end against mid-outer thigh. Press firmly and hold for 5 seconds. Remove from thigh. 	
<p>ADRENALICK (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS</p> <ol style="list-style-type: none"> Remove the outer case. Remove grey caps labeled "1" and "2" Place red rounded tip against mid-outer thigh. Press down hard until needle enters thigh. Hold in place for 10 seconds. Remove from thigh. 	
<p>EPIPEN AUTO-INJECTOR DIRECTIONS</p> <ol style="list-style-type: none"> Remove the EpiPen Auto-Injector from the clear carrier tube. Remove the blue safety release by pulling straight up without bending or twisting it. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3). Remove auto-injector from the thigh and massage the injection area for 10 seconds. 	