



ANN ARBPR PUBLIC SCHOOLS

Epinephrine Auto-Injector (EAI) Administration Documentation

Date \_\_\_\_\_ School Building \_\_\_\_\_

Name of person receiving EAI \_\_\_\_\_ (confidential) DOB \_\_\_\_\_

Time incident began \_\_\_\_\_ Time EAI given \_\_\_\_\_ Time if second EAI given \_\_\_\_\_

EMS called (time) \_\_\_\_\_  EMS arrived (time) \_\_\_\_\_

EMS given information (time of EAI administration(s), a copy of the emergency card and/or the student specific Anaphylaxis Action Plan)

Parent/guardian notified \_\_\_\_\_ TIME \_\_\_\_\_

Check all that apply:

- Student had individual Anaphylaxis Action Plan on file for the current school year
- EAI(s) used were supplied by the family as ordered
- Student was known to have severe allergy but no EAIs were provided and stock EAI used
- Family notified that prescribed EAIs need to be replaced
- Student had no previously known severe allergy and stock EAI was used for suspected anaphylaxis
- Person other than k-12 student was given stock EAI for suspected anaphylaxis
- Stock EAIs were ordered for replacement

Check possible trigger for anaphylaxis:

Food (Specific food if known or other relevant information, such as location of exposure) -

\_\_\_\_\_  
 Stinging insect (Type if known, location on campus, other history)-

\_\_\_\_\_  
 Latex (source if known)-

\_\_\_\_\_  
 Other (Circumstances surrounding reaction that might be relevant to cause of anaphylaxis)-

Symptoms leading to administration of EAI:

\_\_\_\_\_  
Other known health issues, such as asthma, eczema, allergies:

\_\_\_\_\_  
Symptoms if a second EAI was used:

- Information being kept for incident review and yearly report to the State of Michigan on MEGS
- See attachment of this form for additional information

STAFF POSITION GIVING EAI (nurse, principal, OP, et,) \_\_\_\_\_

Signature of Person Filing Report: \_\_\_\_\_ Date \_\_\_\_\_