

- ☐ Fennville Public Schools
☐ Hamilton Public Schools
☐ Holland Christian Schools
☐ Holland Public Schools
☐ West Ottawa Public Schools

School Nursing Life-Threatening Allergy EAP

Medications may be administered at school by school personnel when necessary for school attendance. This completed form, along with the medication and/or special equipment items are to be brought to the school by the parent/guardian.

TO BE COMPLETED BY PARENT/GUARDIAN

I, the parent/guardian of _____ dob _____
 request that the building administrator or his/her designee administer the medication or procedure listed below as directed. I give my consent for the exchange of information between the school and my child's health care provider. I give permission to share, if necessary, this information with school personnel who may be involved with the welfare of my child. I fully realize I can withdraw my request/consent in writing at any future date.

As a parent, I understand my responsibilities are:

1. To provide the school with a supply of medication in the original container appropriately labeled by the pharmacy.
2. To provide the school with the written doctor's instructions for medication administration during school hours.
And that medication will not be administered until signed doctors instructions are at school
3. To inform the school of any medical changes.
4. To provide the school with this signed consent form annually and when changes in medication occur.
5. I give permission for my child to self administer rescue medication if approved by physician

ALLERGIES: _____

Asthma: () yes – higher risk for severe reaction () no

() If checked, give epinephrine immediately for ANY symptoms if exposure to allergen likely happened

() If checked, give epinephrine immediately if exposure to the allergen definitely happened, even if no symptoms are noted.

Signs and Symptoms of an Allergic Reaction:

MOUTH:	itching, swelling of lips and/or tongue
THROAT*:	itching, tightness/closure, hoarseness, trouble breathing/swallowing
SKIN:	itching, hives, redness, swelling
GUT:	vomiting, diarrhea, cramps
LUNG*:	Shortness of breath, cough, wheeze
HEART*:	weak pulse, dizziness, passing out, pale, faint

****The Severity of Symptoms Can Change Quickly and Progress to a Life-Threatening Situation. Do not depend on antihistamines to treat a severe reaction. Use Epinephrine.***

1. MEDICATIONS: () Epinephrine 0.15mg () Epinephrine 0.3mg

() Antihistamine- name/dose _____

() If checked, OK for student to carry/self-administer.

2. Call 911

3. Parent/guardian/emergency contact: _____

4. I have discussed and developed a plan, with the school nurse, for appropriate support during school emergencies.

Comments: _____

Signature of _____

Parent/Guardian: _____ Relationship: _____ Date: _____

PLEASE REVIEW PARENT PROVIDED INFORMATION, SIGN AND RETURN

Physician's name printed _____

Physician's signature _____

Physicians's address: _____

Phone: _____ Fax: _____ Date: _____

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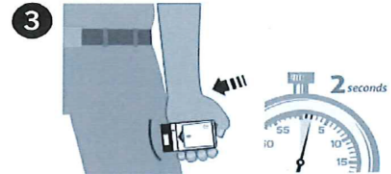


FARE
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

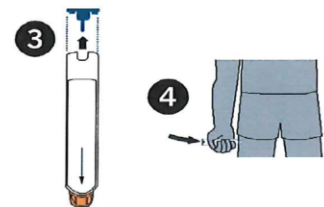
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.



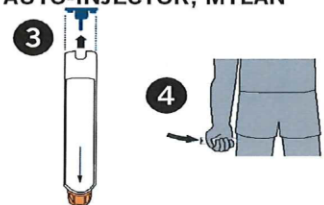
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



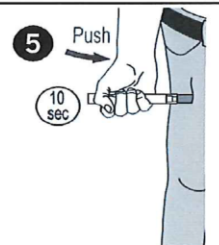
HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____
DOCTOR: _____ PHONE: _____
PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____
PHONE: _____
NAME/RELATIONSHIP: _____
PHONE: _____