

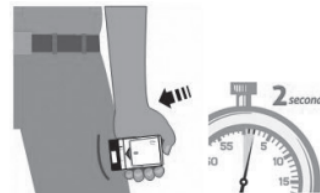
Emergency Allergy Plan and Treatment Form

Student Name:		School:	
PRESCRIBING PHYSICIAN: This student has a allergic reaction to _____ Higher risk for a severe reaction due to Asthma ☐ Yes ☐ No Thus, it is necessary for him/her to carry an Epinephrine Injector with them during the school day, during activities, and in transit to and from school. The student has permission to self-carry the injectable ☐ Yes ☐ No The student has permission to self-administer the Injection ☐ Yes ☐ No NOTE: IT IS RECOMMENDED THAT A SECOND INJECTOR BE RETAINED IN THE SCHOOL CLINIC AS A BACKUP IN THE EVENT THAT THE STUDENT DOES NOT HAVE THEIRS AT THE TIME OF THE EMERGENCY With this permission the student agrees NEVER to share their Epinephrine Injector with another person and to seek help IMMEDIATELY from health services personnel or another adult in the event of exposure to a known allergen (regardless of whether or not epinephrine was administered).			
Severe Symptoms: Shortness of breath Tightening of throat /airway Swelling of face/neck Rapid heart rate Generalized Hives Extreme anxiety Loss of consciousness Repetitive vomiting _____ INJECT EPINEPHRINE IMMEDIATELY*		Mild Symptoms: Itchy/ runny nose A few hives/mild itch _____ Antihistamines may be given Watch closely, have epinephrine at hand Notify Parent _____ If symptoms do not improve or worsen INJECT EPINEPHRINE IMMEDIATELY*	
*If a student requires an Epinephrine injection-emergency services (911) and the parent will be notified.			
Epinephrine Dose ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM Antihistamine Dose: _____ Other (e.g., inhaler-bronchodilator if wheezing): YES ☐ _____ puffs every 15 minutes until EMS arrives			
Physician Signature:		Date:	
PARENT: I am in agreement with this plan of care and I give permission for the school to follow this. I understand that the principal may rescind this privilege if my child fails to handle the medication safely and appropriately. In the event that epinephrine needs to be administered, I understand that the Emergency Medical System will be called, and my child will be transported to the nearest available hospital for continued medical support. I will notify the school of any changes in my child's medication or medical condition			
Parent/Guardian Signature:		Date:	
STUDENT SIGNATURE: Required if self-carry			
Student Signature:		Date	

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.

3



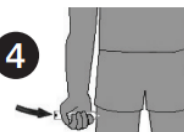
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

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.

3



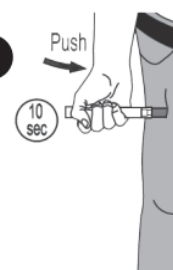
4



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.

5



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, pull off the blue safety release.
4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
7. Remove and massage the injection area for 10 seconds.
8. Call 911 and get emergency medical help right away.

5



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: _____
NAME/RELATIONSHIP: _____ PHONE: _____