



ALLERGIC REACTION/ ANAPHYLAXIS CARE PLAN

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

PART I TO BE COMPLETED BY PARENT OR GUARDIAN

I hereby request designated school personnel to administer an epinephrine injection as directed by this authorization. I agree to release, indemnify, and hold harmless the designated school personnel, or agents from lawsuits, claim expense, demand or actions, etc., against them for administering this injection, provided the designated school personnel comply with the Licensed Healthcare Provider (LHCP) or parent or guardian orders set forth in accordance with the provision of Part II below. I am aware that the injection may be administered by a specifically trained non-health professional. I have read the procedures outlined on the back of this form and assume responsibility as required. ICS has my permission to contact my child's physician or the physician's designee regarding my child's condition.
I understand that emergency medical services (EMS) will always be called when epinephrine is given, whether or not the student manifests any symptoms of anaphylaxis.

Student Name	Date of Birth
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Allergies	School Year
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Please check the symptoms that your child has experienced in the past with exposure to above allergen(s)

Skin: Hives Itching Rash Flushing Swelling (face, arms, hands, legs)

Mouth: Itching Swelling (lips, tongue, mouth)

Abdominal: Nausea Cramps Vomiting Diarrhea

Throat: Itching Tightness Hoarseness Cough

Lungs: Shortness of breath Repetitive Cough Wheezing

Heart: Weak pulse Loss of consciousness

Other: _____

No RN/LPN, clinic aid or office staff shall administer medication or treatment, unless the principal has reviewed all the required clearances.

_____	_____	_____
Parent or Guardian Signature	Daytime Telephone	Date

PART II TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER

Emergency epinephrine injections may be administered by trained non-health professionals. These persons are prepared by licensed health care personnel to administer the injection. For this reason, only pre-measured doses of epinephrine (auto injector) may be given.

MINOR REACTION

After report of student exposure to _____, via (route of exposure) Ingestion Skin Contact Inhalation Insect bite or sting

If the only symptoms are _____

Administer **DIPHENHYDRAMINE (BENADRYL)** Liquid (12.5mg/5mL) _____ tsp Tablet (25mg) _____ tablet(s) **And call parent.**

If symptoms improve after _____ minutes, student may return to class.

SEVERE REACTION

After report of student exposure to _____, via (route of exposure) Ingestion Skin Contact Inhalation Insect bite or sting

If the symptoms are _____

Administer **EpiPen / Auvi-Q 0.3 mg** Give pre-measured dose of 0.3mg epinephrine by auto injection intramuscularly in anteriolateral thigh.

Repeat the dose in 15 minutes if EMS has not arrived (Two pre-measured doses will be needed in school)

EpiPen Jr. / Auvi-Q 0.15 mg Give pre-measured dose of 0.15mg epinephrine by auto injection intramuscularly in anteriolateral thigh.

Repeat the dose in 15 minutes if EMS has not arrived (Two pre-measured doses will be needed in school)

Check the appropriate box:
 I believe that this student has received adequate information on how and when to use epinephrine.

The student is to carry an epinephrine autoinjector during school hours with the principal's knowledge. The student can use the epinephrine autoinjector properly in an emergency. One additional dose, to be used as backup, should be kept in the school clinic.

The epinephrine autoinjector will be kept in the school clinic or other school approved location _____.

EFFECTIVE DATE: Current school year _____ From _____ to _____

_____ <i>Physician Name (Print or Type)</i>	_____ <i>Physician Signature</i>	_____ <i>Telephone or Fax</i>	_____ <i>Date</i>
_____ <i>Parent or Guardian Name (Print or Type)</i>	_____ <i>Parent or Guardian Signature</i>	_____ <i>Telephone</i>	_____ <i>Date</i>
_____ <i>Student Signature (required if student self-carries)</i>	_____ <i>Date</i>		

PARENT INFORMATION ABOUT EPINEPHRINE PROCEDURES

1. Epinephrine may be given in school and during school sponsored activities only with both physician and parent/guardian signed authorization.
2. This form must be on file in the clinic or in an other approved location. The parent or guardian is responsible for obtaining the physician's statement on the form.
3. A new form must be submitted to the school each school year and whenever there is a change in the dosage or a change in the conditions under which epinephrine is to be injected.
4. A physician may use office stationery or a prescription pad in lieu of completing the Care Plan form. Information necessary includes:
 - Name of student
 - Specific allergen for which epinephrine is being prescribed
 - Route of exposure (e.g. ingestions, skin contact, inhalation, or insect sting or bite)
 - Description of symptoms for minor reaction and medication dosage instructions.
 - Description of symptoms for severe reaction and medication dosage instructions.
 - Brand name of medication
 - Amount of premeasured epinephrine
 - Time for repeated dose if deemed necessary
 - Duration of medication order and effective dates
 - Physician signature
 - Date
5. Only premeasured doses of epinephrine may be given by ICS staff trained in the use and administration of pre-measured (auto-injector) emergency epinephrine.
6. Medication must be properly labeled by a pharmacist. If physician orders include a repeat of EpiPen or Auvi-Q for student, the parent must supply school with two EpiPens or Auvi-Qs. An EpiPen must be available at all times in the school office. Expiration date must be clearly indicated.
7. If the student will be playing on an ICS sports team, parent will provide an extra EpiPen or Auvi-Q for the coach to carry during the sports season.
8. Medication must be hand-delivered to the school clinic by the parent or guardian.
9. A form with your child's specific information pertaining to their allergy is put together at the beginning of the year. A picture of them is taken by the school nurse and put on this form for easy identification by the ICS staff. A copy of this form is kept in a notebook in the school office, PE office, and lunch room. We have found this helps to better identify the students and their specific allergens, and provides quick access to parent's phone numbers and the physician's orders.
10. A parent is to collect any unused medication within one week after the end of expiration of order or on the last day of school. Medication not claimed within that period shall be destroyed.