Canton Public Schools
Emergency Health Care Plan
School Year: September ____ to August_____

PLACE PHOTO OF STUDENT HERE

STUDENT'S NAME: _____

DATE OF BIRTH: _____ **GRADE:** _____ **HOME ROOM/TEACHER:** _____

ALLERGY TO:_____

Asthmatic ☐ Yes* ☐ No
*Higher risk for severe reaction

Allergy Free Table in Cafeteria
☐ Yes ☐ No

♦ STEP 1: TREATMENT ♦

To be determined by physician authorizing treatment

Symptoms:	**Give Checked Medication** * *	
▪ If a food allergen has been ingested, but *no symptoms*:	☐ EpiPen	☐ Antihistamine
▪ Mouth = itching, tingling, or swelling of lips, tongue, mouth	☐ EpiPen	☐ Antihistamine
▪ Skin = Hives, itchy rash, swelling of the face or extremities	☐ EpiPen	☐ Antihistamine
▪ Gut = Nausea, abdominal cramps, vomiting, diarrhea	☐ EpiPen	☐ Antihistamine
▪ Throat = Tightening of throat, hoarseness, hacking cough	☐ EpiPen	☐ Antihistamine
▪ Lung = Shortness of breath, repetitive coughing, wheezing	☐ EpiPen	☐ Antihistamine
▪ Heart = Thready pulse, low blood pressure, fainting, pale, blueness	☐ EpiPen	☐ Antihistamine
▪ Other = _____	☐ EpiPen	☐ Antihistamine
▪ If reaction is progressing (several of the above areas affected), give	☐ EpiPen	☐ Antihistamine

The severity of symptoms can quickly change. = Potentially life-threatening.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen EpiPen Jr. (see reverse side for instructions)

Antihistamine: give_____
medication/dose/route

Other: give_____
medication/dose/route

♦ STEP 2: EMERGENCY CALLS ♦

1. Call 911 (or Rescue Squad: _____) . State that an allergic reaction has been treated, and additional epinephrine may be needed)

2. Dr. _____ at _____

3. Emergency contacts:

Name/Relationship	Phone Number(s)	
a. _____	1.)_____	2.) _____
b. _____	1.)_____	2.) _____
c. _____	1.)_____	2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature_____ Date_____

Doctor's Signature_____ Date_____
(Required)

TRAINED STAFF MEMBERS

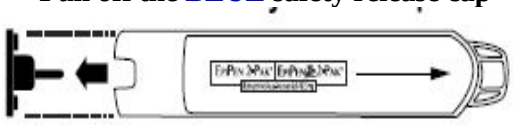
1. _____ Room _____

2. _____ Room _____

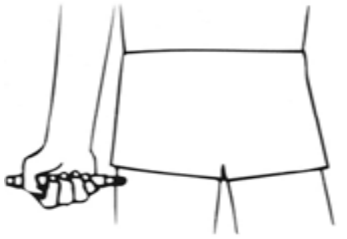
3. _____ Room _____

EpiPen® and EpiPen® Jr. Auto Injector Directions:

- ☐ **First remove the EpiPen Auto-Injector for the plastic carrying case**
- **Pull off the BLUE safety release cap**



- ☐ **Hold ORANGE tip near outer thigh (Always apply to thigh).**

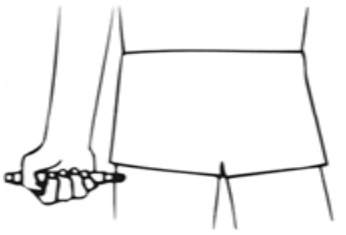


- **Swing and firmly push orange tip against outer thigh. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.**

Twinject® 0.3 mg and Twinject® 0.15 mg Directions:

- ☐ **Remove caps labeled "1" and "2."**

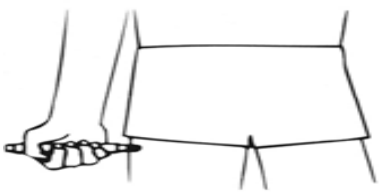
- **Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds and then remove. Massage the injection site for 10 seconds.**



Adrenaclick™ 0.3 mg / Adrenaclick™ 0.15 mg Directions:

Adrenaclick™ 0.3 mg and
Adrenaclick™ 0.15 mg Directions

- **Remove GREY caps labeled "1" and "2."**
- **Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove. Massage the injection site.**



I give permission for my son/daughter to self-administer their Epinephrine as prescribed by his/her physician.

_____ Yes _____ No

I give permission for the school nurse (or appropriately trained school personnel) to administer Epinephrine and share information as deemed necessary for my child's health and safety.

_____

Parent/Guardian Signature Date

Epinephrine Locations:_____

_____

Epinephrine Expiration Date:_____

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