

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

TREATMENT PLAN

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

Specify symptoms in which Epi Pen may be self-administered:

- If a food allergen has been ingested, but *no symptoms*:
- Mouth = itching, tingling, or swelling of lips, tongue, mouth
- Skin = Hives, itchy rash, swelling of the face or extremities
- Gut = Nausea, abdominal cramps, vomiting, diarrhea
- Throat = Tightening of throat, hoarseness, hacking cough
- Lung = Shortness of breath, repetitive coughing, wheezing
- Heart = Thready pulse, low blood pressure, fainting, pale, blueness
- Other = _____

DOSAGE

Epinephrine: inject intramuscularly (circle one) .3 MG Epi Pen .15 MG Epi Pen Jr.

SAFETY ASSURANCES

- Student has shown the ability to identify the Epi Pen.
- Student has shown the ability to verbalize the conditions in which he/she may need to self-administer the Epi Pen.
- Student has demonstrated the ability to safely and appropriately self-administer the Epi Pen (utilizing a demo Epi Pen).
- Student has demonstrated that he/she understands that the Epi Pen is NOT to be shared with another individual.
- Student has demonstrated that he/she understands he/she is responsible for carrying his/her Epi Pen in a secure and safe case.
- Parent has provided a second Epi Pen to the school nurse as a back up supply. (required)
- Parent has provided an additional Epi Pen to the class room teacher as a back up supply. (not required)
- The licensed prescriber has provided a written order for self administration.
- Parent/student has been provided with a form to serve as documentation for the school nurse in the event the Epi Pen is administered.

Canton Public Schools
Emergency Health Care Plan
Documentation of the Self-Administration of Epinephrine
School Year: September _____ to August _____

STUDENT'S NAME: _____

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

ALLERGY TO: _____

In compliance with the Canton Public Schools medication policy for self administration of medications, the following medication:

Epinephrine: inject intramuscularly (circle one) .3 MG Epi Pen .15 MG Epi Pen Jr.

was self administered by _____ on _____
Student Signature Date

For the following symptoms:

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I am aware that my child self administered an Epi Pen on _____
Date

Parent Signature