

School Health Services

THIS FORM WILL EXPIRE AT THE END OF THE SCHOOL YEAR

| | Allergy Action F | 'lan | Place child's picture |
|--|--|-------------------------|-----------------------------|
| School Year: | Grade/Class: | | here |
| Student's Na | ame: Date of bir | th: | |
| Address: | | Phone Number: | |
| ALLERGY: | | | |
| Latex | | | |
| Foods (| list): | | |
| Medica | tions (list): | | |
| Stinging | g Insects (list): | | |
| Asthmatic: | YES* NO *High risk for severe reac | tion | |
| _ | allergic reaction: The severity of symptoms can qui | ckly change. All of the | e symptoms listed below ca |
| Systems: | Symptoms: | | |
| Mouth | Itching & swelling lips, tongue, or mouth | - | |
| Throat | Itching and/or sense of tightness in the throat, hoars | seness, and hacking co | ugh |
| Skin | Hives, itchy rash, and/or swelling about the face or e | extremities | |
| Gut | Nausea, abdominal cramps, vomiting, and/or diarrho | ea | |
| Lung | Shortness of breath, repetitive coughing, and/or who | eezing | |
| Heart | Thready pulse, passing out | | |
| | Action for Major I | <u>Reaction</u> | |
| If symptom(| s) are: | | |
| give | | IMMEDIATELY! T | hen CALL: 911-Activate EM |
| | | at | |
| Parent/Guardian/Emergency Contact | | Phone N | umber |
| | | at | |
| —————————————————————————————————————— | Provider | Phone N | umber |
| | Provider Action for Mir | | |
| | Action for Mir tom(s) are: | ioi Reaction | |
| give | | | |
| | Medication/Dose/ | Route | |
| Then call: | | at | |
| Parent/Guar | dian/Emergency Contact | at | Phone Number |
| | | at | |
| Healthcare | Provider | | Phone Number |

If condition does not improve within 10 minutes, follow steps for Major Reaction above.

| Student's Name: | Date of birth: | Grade/Class: | |
|---|---|---|--------------------------------|
| Parent Signature | | Date | |
| Healthcare Provider Signature | | Date | |
| Healthcare Provider: Please initial hereif STUDE to self-administer; thus enabling the student to carry to sable to self carry it is required by law for an addition PARENT/GUARDIAN AND STUDENT: Please initial herestudent self-administers Epi-pen/Auvi-Q during school By initialing, you are acknowledging that by law, an additional self-administers provided in the self-administers of | he Epi-pen/Auvi-Q on his/ al Epi-pen/Auvi-Q to be ke e/ to indicate t he/she will notify an adul | her person while at schept in the school clinic. that you have been inst t school staff member t | ructed and if to activate EMS. |
| n the clinic (ORC 3313.718). | | | |
| Emergency Contacts: | | | |
| 1 | | | |
| Name 2. | Relationship | Phone | |
| Name | Relationship | Phone | |
| 3Name | Relationship | Phone | |
| Trained Staff Members | | | |
| 1 | | | |
| Name 2. | | Room | |
| 2 Name 3. | | Room | |
| Name | | Room | |
| | | | |

EPI-PEN INSTRUCTION

Any time you are getting ready to use an Epi-pen on student, 911 must be called!

- 1. Form a fist around the auto-injector with the orange tip facing down. Do not put your thumb or finger over the orange tip. The orange tip is the end the needle comes out of.
- 2. Pull off blue activation cap. Failure to pull this off will cause the pen not to activate
- 3. Have student sit down if able to
- 4. Hold orange tip near outer thigh. This is the area that the medication will be given in.
- 5. Firmly jab into outer thigh through clothing (stay away from seams of jeans) until the auto-injector mechanism works (will hear a click noise)
- 6. Hold in place and count to 10. This enables the medication to get into the student.
- 7. Remove the EpiPen or EpiPen Jr. The orange tip will extend covering the needle.
- 8. Massage the injection area and count to 10.
- 9. Keep the child warm and calm. Stay with child at all times.
- 10. Note time of injection.
- 11. Send the used EpiPen or EpiPen Jr. to the Emergency Department with the child.

Auvi Q

1. Pull out of case and follow directions that are verbalized to you.