

**CARE PLAN FOR
EMERGENCY ALERT AND
SELF-ADMINISTERED EPI-PENS**

Student Name _____ School _____

PRESCRIBING PHYSICIAN:

This student may have a severe allergic reaction to _____.

Thus, it is necessary for him/her to carry an epi-pen with them during the school day, during activities, and in transit to and from school.

The student knows how to use the injectable yes no

Symptoms exhibited are

- | | |
|--|--|
| <input type="checkbox"/> shortness of breath | <input type="checkbox"/> generalized hives |
| <input type="checkbox"/> tightening of throat/airway | <input type="checkbox"/> extreme anxiety |
| <input type="checkbox"/> swelling of face and neck | <input type="checkbox"/> loss of consciousness |
| <input type="checkbox"/> rapid heart rate | <input type="checkbox"/> other _____ |

The emergency response to be taken by the school staff should include

- | | |
|--|--|
| <input type="checkbox"/> Student use epi-pen, assisted as needed | <input type="checkbox"/> Notify parent |
| <input type="checkbox"/> Call 911 | <input type="checkbox"/> Other _____ |

IT IS RECOMMENDED THAT A SECOND EPI-PEN BE RETAINED IN THE SCHOOL CLINIC AS A BACK UP, IN THE EVENT THAT THE STUDENT DOES NOT HAVE HIS/HERS AT THE TIME OF THE EMERGENCY.

Medication prescribed _____ Dosage _____

Frequency _____

_____ Physician Signature (Please Print)	_____ Phone Number	_____ Date
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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. I will provide the medication to the school and will keep the school nurse informed of any changes. (NOTE: Renewal of this physician's order is required annually.)

_____ Parent Signature	_____ Date
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SCHOOL NURSE:

A health care plan and an emergency response plan has been completed. Documentation of this order the IHP and the ERP are in the clinic, and a copy of the order is with the student. The ERP is with other person(s) an has been explained to them.

_____ School Nurse Signature	_____ Date
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