

Side 2: To Be Completed by Parent/Guardian, Student and School

Allergy/Anaphylaxis Action Plan (continued) Student Name _____

Parent/Guardian AUTHORIZATIONS

- I want this allergy plan implemented for my child; **I want my child to carry the EpiPen** and I agree to release the school district and school personnel from all claims of liability if my child suffers any adverse reactions from self-administration of EpiPen.
- I want this plan implemented for my child and I **do not** want my child to self-administer EpiPen.
- It is recommended that backup medication be stored with the school nurse in case a student forgets or loses the EpiPen and/or antihistamine. The school district is not responsible or liable if backup medication is not provided to the school nurse and the student is without working medication when medication is needed.

Your signature gives permission for the nurse to contact and receive additional information from your health care provider regarding the allergic condition(s) and the prescribed medication.

Parent/Guardian Signature: _____ **Date:** _____

Student Agreement:

- I have been trained in the use of my EpiPen and allergy medication and understand the signs and symptoms for which they are given;
- I agree to carry my EpiPen with me at all times;
- I will notify a responsible adult (teacher, nurse, coach, noon duty, etc.) **IMMEDIATELY** when auto-injector EpiPen (epinephrine) is used;
- I will not share my medication with other students or leave my EpiPen unattended;
- I will not use my allergy medications for any other use than what it is prescribed for.

Student Signature: _____

- Back-up medication is stored at school Yes No

DIRECTIONS FOR EPIPEN® USE

1. Pull off gray activation cap.
2. Hold black tip to outer thigh (apply to thigh only).
3. Press hard into outer thigh until auto-injector mechanism functions. Hold in place for 10 seconds.
4. Massage the injection site for 10 seconds.
5. Once EpiPen® is used, call 911/EMS. Take the used EpiPen to the emergency room with you.

Other: _____

STAFF MEMBERS TRAINED

NAME	TITLE	ROOM	TRAINED BY

EMERGENCY CONTACTS

	Name	Home #	Work #	Cell #
Parent/Guardian				
Parent/Guardian				
Other:				