

**ALLERGY and ANAPHYLAXIS: Medication Administration Consent and Emergency Plan**

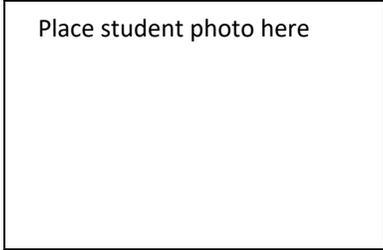
Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: BEMS WEMS WBHS Grade: \_\_\_\_\_ Weight: \_\_\_\_\_

Dates plan effective: \_\_\_\_\_ to \_\_\_\_\_ (plan needed each school year)

**ALLERGY to:** \_\_\_\_\_

**Previous anaphylaxis:** YES\* NO **Asthma:** YES\* NO (\*increased risk of severe reaction)



**YES NO** Give epinephrine *immediately for any symptoms* following exposure to: \_\_\_\_\_  
**YES NO** Give epinephrine *immediately, even if no symptoms present*, following exposure to: \_\_\_\_\_

**Common Symptoms and Prescribed Treatment for Allergic Reactions:**

**SEVERE SYMPTOMS (one or more):**  
LUNG: short of breath, wheeze, repetitive cough  
HEART: pale, blue, faint, weak pulse, dizzy, faint  
THROAT: tight, hoarse, trouble breathing, difficulty swallowing, drooling  
MOUTH: significant swelling of tongue or lips  
SKIN: many hives over body, widespread redness  
GUT: repetitive vomiting, severe diarrhea  
OTHER: anxiety, confusion, fear



- 1. INJECT EPINEPHRINE IMMEDIATELY**  
Brand \_\_\_\_\_ Dose \_\_\_\_\_  
(see back side of page for detailed instructions)
- 2. CALL 911**
3. Give additional medications if prescribed (see box below: antihistamine, other)
4. Stay with student and monitor closely.
5. Alert emergency contacts. (see back side of page)
6. If symptoms do not improve, or symptoms return, a 2<sup>nd</sup> dose of epinephrine may be given about 5 or more minutes after the previous dose.
7. Transport to hospital for further care.

**MILD SYMPTOMS ONLY (one or more):**  
MOUTH: itchy mouth  
NOSE: itchy/runny nose, sneezing  
SKIN: a few hives, mild itch  
GUT: mild nausea or abdominal pain



- 1. Give ANTIHISTAMINE:**  
Name \_\_\_\_\_ Dose \_\_\_\_\_
- 2. Give other medications** (e.g., bronchodilator)  
Name \_\_\_\_\_ Dose \_\_\_\_\_
3. Stay with student and monitor closely. If symptoms worsen give **epinephrine**. (see above)
4. Alert emergency contacts. (see back side of page)

**YES NO** This student is capable of carrying and self- administering injectable epinephrine.  
My signature below indicates that I have ordered the medications listed above.  
**Medical Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Clinic:** \_\_\_\_\_

**(See back of page for providing additional instructions, emergency contact information and epinephrine injector instructions)**

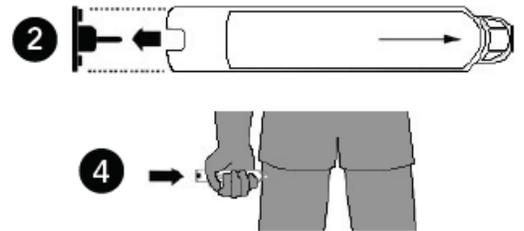
**MEDICATION AND EMERGENCY PLAN CONSENT:** I hereby give permission for school personnel to share this information, follow the care, and administer the medication as outlined in this plan during the school day and during any school sponsored activity of which school personnel are responsible for my child's supervision. I also hereby agree to give my permission for school personnel to contact the child's physician if needed. I hereby give permission to designated school personnel to notify other appropriate school personnel and classroom teachers of medication administration and possible adverse effects of the medication. I assume full responsibility for providing the school with the medication described in this plan. I further agree to hold the Wittenberg-Birnamwood School District, and the WBSD employee(s) who is (are) administering the medication harmless in any or all claims arising from the administration of this medication at school. I agree to notify the school at the termination of this request or when any change in the above orders is necessary.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS**

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



**ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS**

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



Emergency Medication for this student:  <input type="checkbox"/> Will be kept in the office  <input type="checkbox"/> Carried by student and kept: _____  <input type="checkbox"/> Other: _____  Parent signature: _____	Additional information or instruction: _____ _____ _____ _____ Date: _____
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**EMERGENCY CONTACT INFORMATION:**

Parent/Guardian Name	phone: home/cell/work
Parent/Guardian Name	phone: home/cell/work
Other Emergency Contact Name/ relationship/phone	
Other Emergency Contact Name/relationship/phone	
School Nurse Signature: _____ Date: _____	

**NONDISCRIMINATION POLICY**

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