

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)

Place student photo here

YES NO Give epinephrine *immediately for any symptoms* following exposure to: _____

YES NO Give epinephrine *immediatelv. even if no svmptoms 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 2nd 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 ANTI HISTAMINE:

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)

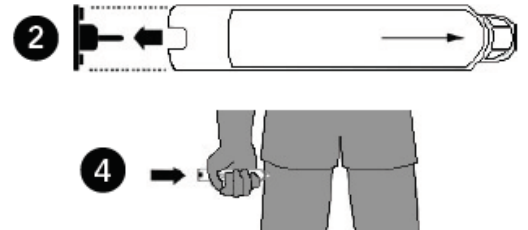
MEDICATION AND EMERGENCY PLAN CONSENT: I hereby give permission for school personnel to share this information, follow the care, and administer the medication as outlined in this plan during the school day and during any school sponsored activity of which school personnel are responsible for my child's 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: _____	

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

The Wittenberg-Birnamwood School District does not discriminate on the basis of race, color, religion, national origin, ancestry, creed, physical, mental, emotional or learning disability, pregnancy, marital status, parental status, sexual orientation, sex, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person is designated to handle inquiries regarding the non-discrimination policies: Brenda Jozwiak-Boldig, Director of Pupil Services, 400 West Grand Ave, Wittenberg, WI 54499.

715-253-2213 ext. 1108 or bjozwiak@witbirn.k12.wi.us. For further information on notice of non-discrimination, visit <http://wdcrobcopol1.ed.gov/CFAPPS/OCR/contactus.cfm> for the address and phone number of the office that serves your area, or call 1-800-421-3481.