ALLERG	Y ACTION PLAN				
Name:			Birthdate:		
Student ID:		Grade:	Campus:		PROMISEZPURPOSE
	TO BE COM	PLETED BY I	HEALTH CARE PRO	OVIDER	PROMISEZPORPOSE
—	REACTIVE TO THE FOL				
	, give epinephrine immedia	•		•	
☐ If checked,	, give epinephrine immediat	ely if the allerge	n was <i>definitely</i> eaten, ev	ven if no symptoms a	ire noted
EPINEPHRI	NE (BRAND & DOSE):			OTHER (INHALE	R IF ASTHMATIC):
	MINE (BRAND & DOSE): _				
One or more LUNG: HEART: THROAT: MOUTH: SKIN: Or combination SKIN: GUT:	SYMPTOMS after suspension of the following: Short of breath, wheeze, in Pale, blue, faint, weak pur Tight, hoarse, trouble bree Obstructive swelling (ton Many hives over body) on of symptoms from differ Hives, itchy rashes, swell Vomiting, diarrhea, crame TOMS ONLY: Itchy mouth A few hives around mouth Mild nausea/discomfort	repetitive cough lse, dizzy, confus athing/swallowir gue and/or lips) ent body areas: ing (e.g., eyes, li py pain	sed ang ps)	*Antihistamines & in not to be depended u reaction (anaphylaxis 1. GIVE ANTII 2. Stay with study professionals 3. If symptoms p	TELY oring nal medications:* ne nchodilator) if nhalers/bronchodilators are pon to treat a severe s). USE EPINEPHRINE. HISTAMINE dent; alert healthcare and parent brogress (see above), HRINE
	hrine must be kept in the so				
medication. He reach of other prescribed for	as been instructed in the prostudents at all times. Is awa them. Should be allowed to events. Student is able to se	per handling and re the Epinephri have Epinephrin	d carrying of the Epineph ne must have a current pr ne & Antihistamine with	nrine and that it must rescription label indi	be kept out of the cating that it has been
Health Care l	Provider Signature		Printed Name		Date
	,	ГО ВЕ СОМР	LETED BY PAREN	Τ	
request the me	edication be administered to	my child accord	ling to the signed protoco	ol from my Health C	are Provider. I hereby

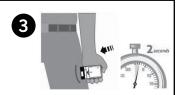
give my permission for the school nurse to consult with the prescribing physician regarding the above orders.

Parent's Signature:	Date:
Printed Name:	Emergency phone numbers:



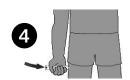
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

- 1. Remove Auvi-Q from the outer case. Pull off red safety guard.
- 2. Place black end of Auvi-Q against the middle of the outer thigh.
- 3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
- 4. Call 911 and get emergency medical help right away.



HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

- 1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
- 2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
- 3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
- 4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

- 1. Remove epinephrine auto-injector from its protective carrying case.
- 2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
- 3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
- 4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.

HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

- 1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
- 2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
- 3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
- 4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
- 5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.

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HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

- 1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
- 2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
- 3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
- 4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
- 5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.

ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

- 1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
- 2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
- 3. Epinephrine can be injected through clothing if needed.
- 4. Call 911 immediately after injection.

MONITORING INFORMATION: STAY WITH STUDENT. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached.

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CAL	L 911	OTHER EMERGENCY CONTACTS		
RESCUE SQUAD:		NAME/RELATIONSHIP:	PHONE:	
DOCTOR:	PHONE:	NAME/RELATIONSHIP:	PHONE:	
PARENT/GUARDIAN:	PHONE:	NAME/RELATIONSHIP:	PHONE:	