## School Name Allergy Action Plan School Year

Photo of Student

Dear Parent/Guardian,

Your child has been noted to have a **Life Threatening** allergy that could require emergency treatment while at school. In order to insure the best possible treatment plan please have your child's physician complete the bottom of this Allergy Action Plan. Parent/Guardian, please complete top **and** back of this form. If multiple **Life Threatening** allergies exist, please use one form for each allergy.

Student	Grade	_ Teacher
Parent/Guardian		Phone #
Additional Emergency Contact		Phone #
Life Threatening Allergy to:		
Age when first reaction occurred	Date of most recent	reaction
Describe past reactions		
To be Co	mpleted by Physician	
MD's Name(Please prin	Pho	one #
(Child's Name)		
during the school year.		
Date of Order	Discontinuation	Date
Medicat	ion/Treatment Plan	
Circle one: (for s/s of anaphylaxis) E	pi Pen Jr. 0.15mg IM	Epi Pen 0.3 mg IM
Additional Orders:		
2		
3.		
Consent for self administration _	Yes No	
M	D	Date
Signature		

<sup>\*</sup>Parent/Guardian, please complete back side of this form.

## To be Completed by Parent/Guardian:

I have read, reviewed and I am in agreement with the above plan formulated by my child's physician. I agree that it may be on file, and shared with the appropriate staff, as part of my child's School Health Record.

Allergy free table required for lunch	Yes	No	
Consent for self administration	Yes	No	
	Date		
Signature of parent/guardian			

New plan updates may be submitted throughout the school year with medication and/or treatment plan changes.

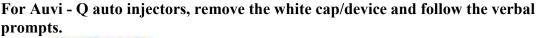
Please note: Franklin Public School policy states that anyone requiring the use of an EpiPen will be transported by ambulance to the hospital. Emergency Medical Services are activated in the District by calling 911. In the case of an emergency, local EMS will transport to the nearest medical facility.

## **EpiPen® and EpiPen Jr.®**

## **DIRECTIONS FOR USE**

Follow these directions <u>only</u> when ready to use. Never put thumb, fingers, or hand over orange tip. Do NOT remove blue activation cap until ready to use.

- 1) Familiarize yourself with the unit.
- 2) Grasp unit, with the orange tip pointing downward.
- 3) Form a fist around the auto-injector (orange tip down).
- 4) With your other hand, pull off the blue activation cap.
- 5) Hold orange tip near outer thigh.
- 6) Swing and **jab firmly** into outer thigh so that auto-injector is perpendicular (at a 90° angle) to the thigh.
- 7) Hold **firmly in thigh** for **10** seconds.
- 8) Remove unit, massage injection area for several seconds.
- 9) Give used EpiPen to Emergency Medical Personnel.





I have reviewe	ed the abo	ve plan an	d have	incorporated	it into	the stude	ent's :	school
health record.								

R	N	Date