Epinephrine Auto-Injector Order Form/Care Plan

Medication Form for Students with Allergic Reactions - To be completed by physician/authorized prescriber

Name: ______________________ Gender: M F School/Grade: ____________________ DOB: ______________

Student Allergies:

Known Triggers: ☐ Ingestion ☐ Touch ☐ Sting ☐ Other (list) __________________________

Date of Order: __________ ***Order Valid for Current Year including Summer School, unless otherwise indicated:*** __________

Physician/Prescriber Signature: ______________________________ Phone: ____________________

Physician/Prescriber: Print Name ______________________________ Fax: ____________________

Parent/Guardian Signature: ______________________________ Phone: ____________________

Parent/Guardian: Print Name ______________________________ Cell Phone: ____________________

Epinephrine Auto-Injector Order

Dose: **(Circle one)** 0.15mg 0.30mg

Student is able to self-administer: YES NO

Student may carry auto-injector on self: YES NO

(A back-up auto-injector must be kept in Health Room)

Date Epinephrine Auto-Injector Expires:

Possible Side Effects: ________________

Oral Medication Order

Medication: ________________

Dose: ________________

Strength: ________________

Frequency: ________________

Date Medication Expires: __________

Possible Side Effects: __________

Student Photo

Administration Choices (please check all that apply):

_____ Administer ____________________ for known or possible ingestion/touch/sting/other (list) ______________.
(oral medication)

_____ Prior to onset of symptoms

_____ If student develops hives, rash, itchy mouth or other symptom(s) (list) ______________________________

_____ After Epinephrine Auto-injector is given

_____ Give Auto-Injector Epinephrine for know or possible ingestion/touch/sting/other ______________ of ______________.

_____ Prior to onset of symptoms

_____ At first sign of any symptoms (see back for list)

_____ Only if student develops throat/lung/heart symptoms or if two or more body systems are involved (see back for list)

Other Instructions: ____

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