

## Food/Bee Sting Allergy School Checklist

\_\_\_\_\_ Epinephrine Pen    Exp. Date \_\_\_\_\_

\_\_\_\_\_ Epi box with prescription label (this is our order, we must have it)

\_\_\_\_\_ Benadryl with dosage

\_\_\_\_\_ Emergency Care Plan, can be found on website

\_\_\_\_\_ Physician signature on Care Plan

\_\_\_\_\_ School Medication Form, can be found on website

(Name of School, Parish, Agency)

## PARENT/GUARDIAN RELEASE SELF-ADMINISTRATION OF MEDICATION

Archdiocese of Indianapolis Policy Statement 2008-02 recognizes that parents (guardians) have the primary responsibility for the health of their children. Although it is strongly recommended that medication be administered in the home, the health of some children and youth may require that they receive medication or other medical care while in the care of (name of school or program).

If a (child/youth/student) must take medicine while at (school, parish or archdiocesan program) please be advised of the following:

- ✓ Parents (guardians) should confer with their medical practitioner to arrange medication intervals to avoid administration of medication outside the home whenever possible.
- ✓ When medication absolutely must be taken at other times outside the home, parents (guardians) shall provide explicit written instructions including, in some cases, instructions as necessary from a medical practitioner regarding the need for medication or specific medical care.
- ✓ Parents (guardians) signing this form are, in most cases, providing written permission for non-medically trained personnel to oversee the self-administration of medication or necessary routine medical care by the (child, youth, student) depending upon age and capability.
- ✓ Medical circumstances requiring the direct measuring and/or administration of medications, injections, blood tests, observation of symptoms, specific emergency responses by non-medically trained staff personnel or the possession and use of inhalers or other medical devices, shall be handled on a case-by-case basis according to a specific Individual Health Plan developed and signed by a physician or other health care professional and kept on file for the (child/youth/student).
- ✓ (Children/Youth/Students) are not permitted to carry medications (including analgesics, herbs, enzymes, oils, etc.) on their persons, except for inhalers and other medical devices with specific permission. Medications will be secured in (the office, with the director, trip leader).
- ✓ All medication is to be delivered and taken home by the parent (guardian) at the end of the medical regimen or (school year/program/event, trip) (Change: High school age youth may deliver and take home medicine with advance parent [guardian] permission).
- ✓ All medication is to be taken in the presence of a designated staff member and documented in a confidential log.
- ✓ No medication of any kind is to be provided by the (school, parish, archdiocesan program), staff or volunteer personnel.
- ✓ Prescription medication must be in the original pharmaceutically dispensed and labeled container. The prescription label will be considered the written order of the medical practitioner in most cases.
- ✓ Non-prescription medication must be in the original container in which it was purchased. Please provide medicine cups/spoons as necessary for liquid medication.
- ✓ Parents must fill out, sign and date a new form for each medication or to change medication instructions (and/or for each event/trip).
- ✓ All medication releases must be renewed at the beginning of each (school/program) year (or for each trip/event).

Please provide specific written instructions below for administration of medication during (school, program hours, event/trip):

Name of (child/youth/student): (may add other necessary ID information)	
Name of medication: <input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription <input type="checkbox"/> Refrigeration Required	
Diagnosis/reason the medication is to be taken:	
The appropriate dose, method of administration (i.e., by mouth) and specific instructions (i.e., take with food, etc.):	
The time or times of day (hours) medication should be taken in our care:	
The start date and number of days/weeks/months the medication is to be taken:	
Any known side-effects of the medicine and/or symptoms of the condition being treated and known tolerance to medicine:	

I hereby give permission for non-medical staff personnel to oversee self-administration of the medication specified above by my child:

Parent  
(Guardian)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Emergency Phone Nos: \_\_\_\_\_



Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

 Weight: \_\_\_\_\_ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

**PLACE  
PICTURE  
HERE**
**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**
**Extremely reactive to the following foods:** \_\_\_\_\_

**THEREFORE:**
☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

☐ If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

**FOR ANY OF THE FOLLOWING:  
SEVERE SYMPTOMS**

**LUNG**

 Short of breath,  
wheezing,  
repetitive cough

**HEART**

 Pale, blue,  
faint, weak  
pulse, dizzy

**THROAT**

 Tight, hoarse,  
trouble  
breathing/  
swallowing

**MOUTH**

 Significant  
swelling of the  
tongue and/or lips

**SKIN**

 Many hives over  
body, widespread  
redness

**GUT**

 Repetitive  
vomiting, severe  
diarrhea

**OTHER**

 Feeling  
something bad is  
about to happen,  
anxiety, confusion

**OR A  
COMBINATION**  
of symptoms  
from different  
body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

**MILD SYMPTOMS**

**NOSE**

 Itchy/runny  
nose,  
sneezing

**MOUTH**

Itchy mouth


**SKIN**

 A few hives,  
mild itch

**GUT**

 Mild nausea/  
discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE  
SYSTEM AREA, GIVE EPINEPHRINE.**
**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM  
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

**MEDICATIONS/DOSES**

Epinephrine Brand: \_\_\_\_\_

 Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

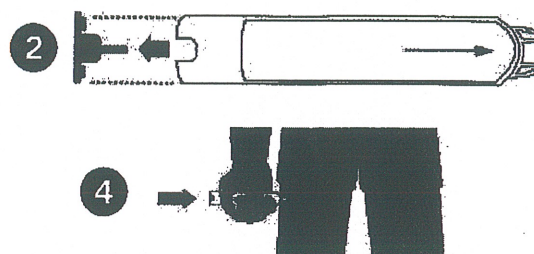
Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_



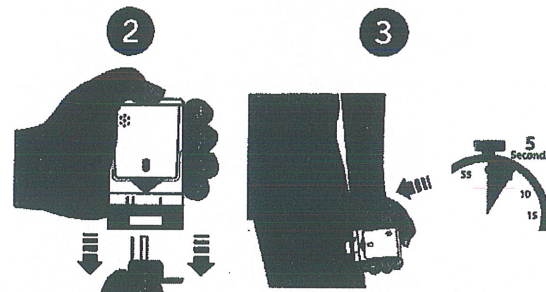
### EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

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.



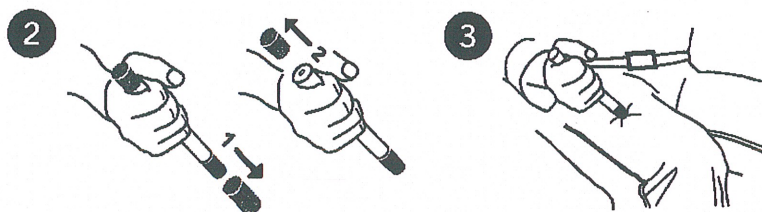
### AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



### ADRENALICK®/ADRENALICK® 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.



**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

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

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE